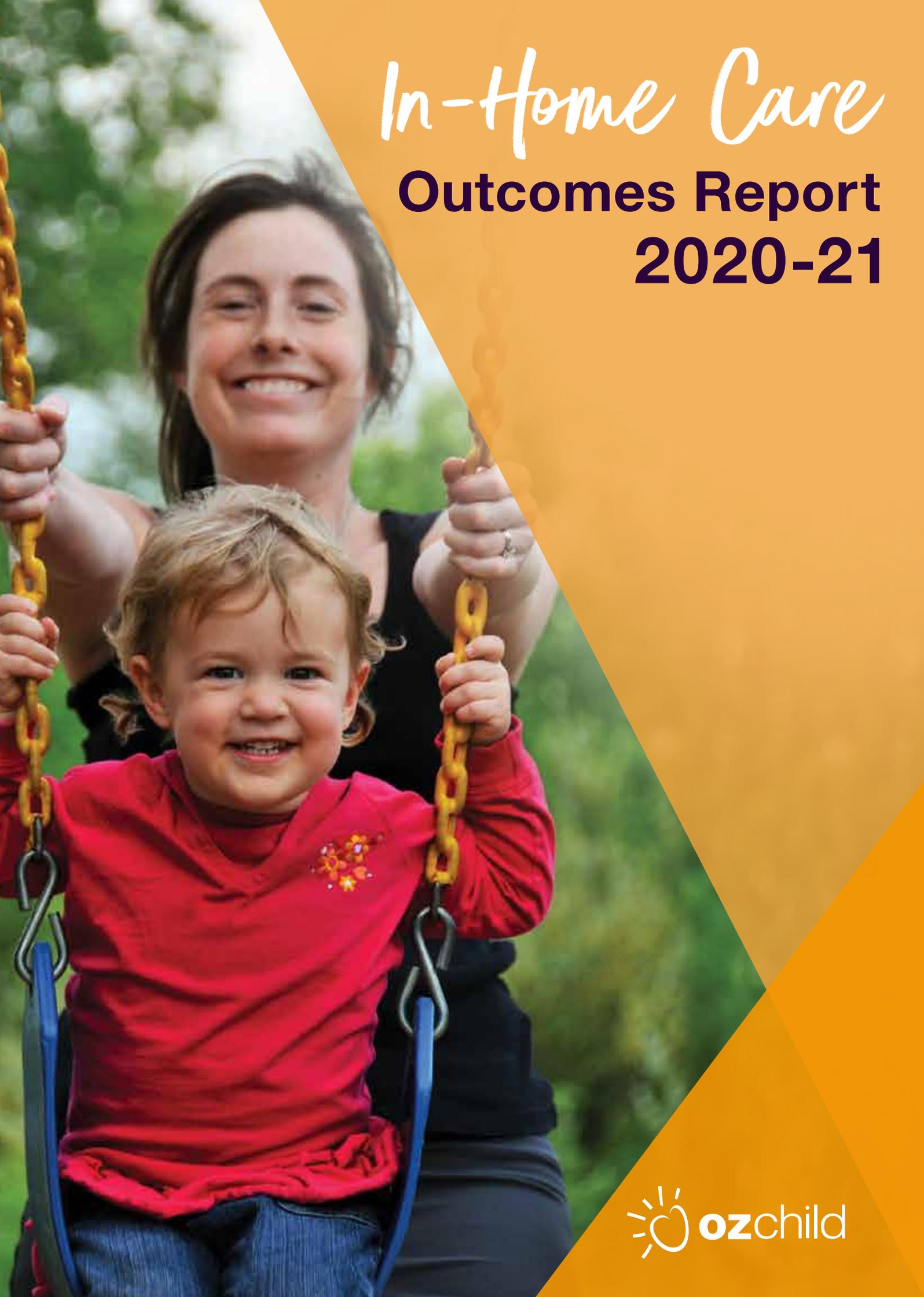


In-Home Care

Outcomes Report 2020-21



Contents Page

Executive Summary

Introduction	03
Purpose	03
OzChild's In-Home Care Outcomes Framework	04
Scope of Reporting	05
Methodology	06
Demographics	08
Key Findings	09
Summary of Observations	14
Summary of Areas for Development	14

Detailed Findings

Permanency	16
Safety	20
Well-being	23

Recommendations	52
------------------------------	-----------

Appendix 1	55
-------------------------	-----------

Appendix 2	57
-------------------------	-----------

Acronyms	67
-----------------------	-----------

References	68
-------------------------	-----------

Introduction

Between 30 June 2017 and 30 June 2020, the number of children and young people (C&YP) in out-of-home care (OOHC) nationally increased by seven per cent (from 43,100 to 46,000) (AIHW 2021). 92 per cent of these C&YP were in home-based care (i.e. in a family setting with a carer). Of those C&YP in OOHC, 54 per cent were in kinship care, 37 per cent were in foster care, seven per cent were in residential care and one per cent were in other types of home-based care (AIHW 2021). About 1 in 18 (18,900) First Nations C&YP were in OOHC at 30 June 2020, which is 11 times the rate of Non-First Nations C&YP.

It is widely known that C&YP in OOHC experience significantly poorer outcomes (e.g. health, education, wellbeing, placement stability and connectedness to family and culture) than C&YP who have never been in care (Osborn & Bromfield 2007). Goal One of OzChild's 2020 Strategic Plan is to strengthen its impact by providing the highest quality services to improve outcomes for C&YP experiencing vulnerability. OzChild aims to measure the success and impact of their In-Home Care (IHC) programs through a strong evidence-based methodology and by measuring and reporting on client outcomes. This is done alongside hearing the voice of the C&YP OzChild work with and their carers.

The primary outcome domains OzChild collects data in relation to are **Permanency**, **Safety** and **Well-being**. This report provides a review of the effectiveness of OzChild's IHC programs in achieving the primary domain outcomes between 1 May 2020 and 30 April 2021.

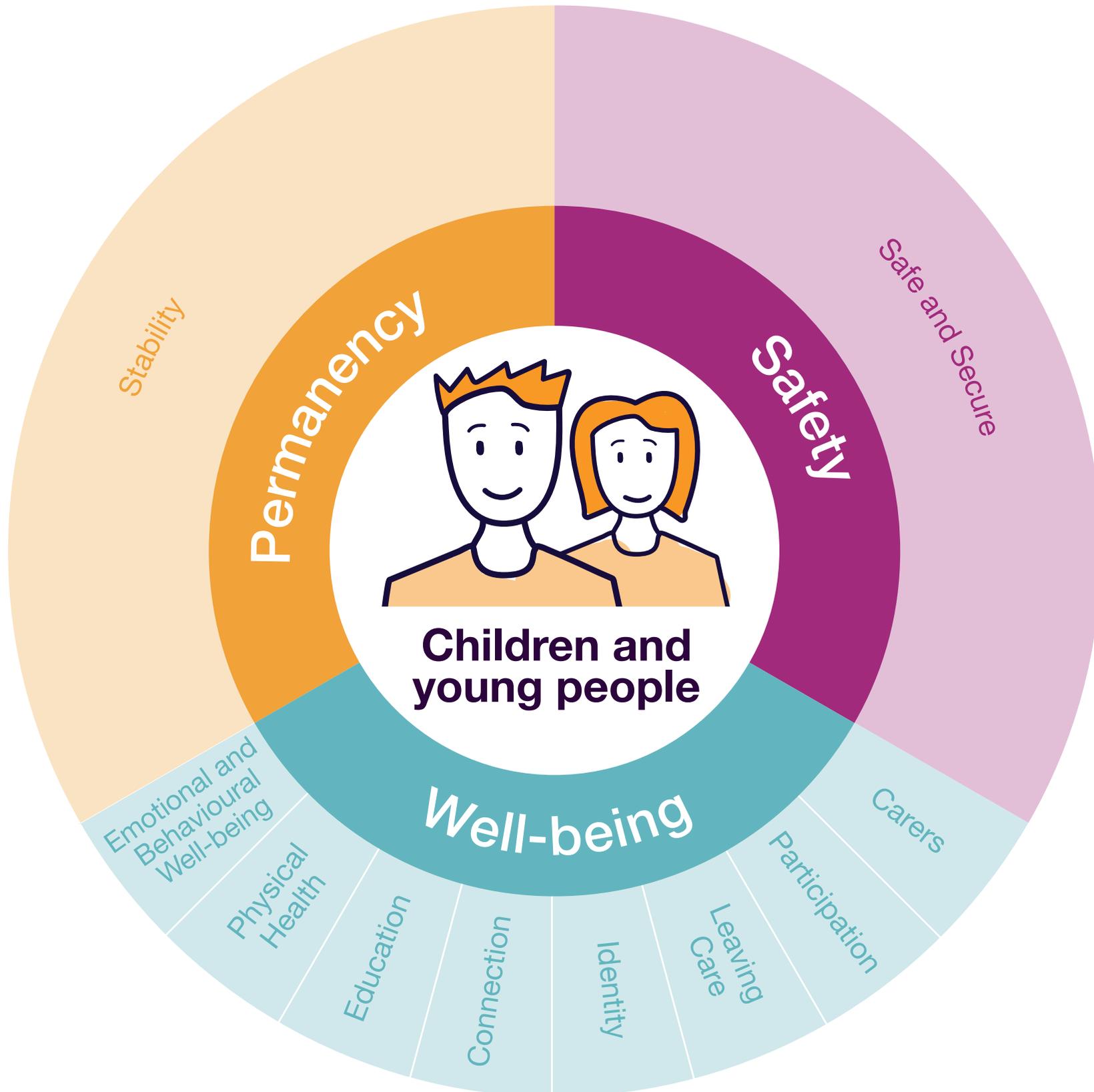
OzChild is also a learning organisation, therefore through the collection of data and the measurement of outcomes, areas for learning, improvement and development have been identified.

Purpose

This report provides a review of the effectiveness of OzChild's IHC programs in achieving the primary domain outcomes that form OzChild's IHC Outcomes Framework (the Framework) (see the Framework on the next page). The Framework has been adapted from the 10 OOHC National Standards (the Standards) and their corresponding indicators. The Standards and indicators have been aligned to the primary domain outcomes for C&YP in child welfare services. This report will assess the achievement of these outcomes for C&YP in OzChild's IHC programs and make recommendations for further development of these programs.

Oz Child's

In-Home Care Outcomes Framework



Stability

Children and young people are in stable placements



Safe and Secure

Children and young people feel safe



Emotional and Behavioural Well-being

Children and young people have improved emotional and behavioural development



Physical Health

Children and young people are supported with their physical health needs



Education

Children and young people are engaged in and achieving in education



Connection

Children and young people are supported to safely and appropriately maintain connection with family



Identity

Children and young people are supported to develop their identity, safely and appropriately, through contact with their culture and communities and have their life history recorded as they grow up



Leaving Care

Children and young people are supported and participate in planning for leaving care



Participation

Children and young people participate in decisions impacting their lives



Carers

Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care

Scope of Reporting

Programs

The programs in scope for this review are as follows:

- Foster Care – ACT The First Nations Cultural Connections Review data was the only data included in this review. This team is part of a broader consortium in the ACT.
- Foster Care – VIC
- Circle Program – VIC
- Treatment Foster Care Oregon (TFCO) – NSW, QLD and VIC
- Kinship Care - Case Contracting Service – VIC
- Kinship Care - First Supports – VIC
- Lead Tenant – VIC

The programs out of scope for this review are as follows:

- Kinship Care in ACT. This program is out of scope for this review as OzChild have two staff that are part of a broader Barnardos Kinship team within the consortium.

Review period

C&YP who were active in OzChild IHC programs at some point between 1 May 2020 and 30 April 2021¹ were in scope. This includes C&YP who commenced the program prior to 1 May 2020, however, were still active at some point during the review period.

¹ The review period is referred to as 2020-21 throughout the report.

Methodology

Quantitative

- Validated outcomes tools
 - Strengths and Difficulties Questionnaire (SDQ) (all programs except for Foster Care – ACT and Lead Tenant – VIC)
 - Progressive Achievement Test (PAT) (TFCO only)
 - North Carolina Family Assessment Scale (NCFAS) (Kinship Care – First Supports and TFCO only)
- Outputs
 - Placements data (Foster Care – VIC, Circle Program – VIC and TFCO)
 - Permanency data (all programs except for Foster Care – ACT and TFCO)
 - Program graduation data (TFCO only)
 - Attendance at school (all programs except for Foster Care – ACT, Kinship Care – First Supports and Lead Tenant - VIC)
 - Numeracy and Literacy minimum requirement achievements (Foster Care – VIC, Circle Program – VIC and Kinship Care - Case Contracting - VIC)
 - First Nations Cultural Connections Review (Foster Care – VIC and ACT, Circle Program – VIC and TFCO – QLD and VIC)
- Feedback Surveys (all programs except for Foster Care – ACT² and Lead Tenant – VIC)
 - Children and Young People Feedback Survey (CYPFS)
 - Carer Feedback Survey

Qualitative

- Consultation with program staff and leadership (all programs)
- Feedback Surveys (all programs except for Foster Care – ACT² and Lead Tenant – VIC)
 - CYPFS
 - Carer Feedback Survey

The detailed methodology is outlined in [Appendix 1](#) of the full report.

² ACT C&YP Feedback Survey results were not included as they were not available in an analyzable format.

Limitations

The findings of this report must be seen in light of some limitations. The first limitation is that output and outcomes data was only included in the report if it was captured completely and accurately within the client management system. Albeit, there were a few indicators where output data was extracted manually by program staff. This includes the number of C&YP people placed on permanent care orders and the number of C&YP who remained in lower level care arrangements post graduation from TFCO. More specifically, in relation to outcomes analysis, outcomes data was only included if the case manager/therapist had collected both the pre/intake and the review/post/closure data and captured it within the client management system.

Additionally, collection of quantitative and qualitative data was not controlled for other environmental and social factors (e.g. there may have been an event that occurred, such as the loss of a friend/family member, which adversely affected the child or young person and may have impacted on their outcome tool and/or survey results). The impact of the Covid-19 pandemic should also be considered when interpreting outcomes (e.g. C&YP's emotional and behavioural mental well-being, monthly attendance of First Nations C&YP at Aboriginal community events).

A further limitation is that programs were primarily reflected on holistically rather than by region or state. Therefore, actions that need to be taken to address key observations and findings may need to be considered in relation to the local context.

A final limitation is that there were some updates made to both feedback surveys. This included modifications to survey question wording and scales (i.e. to ensure that every point has a label, rather than a number) (Bell 2007) to improve comprehension for C&YP. It also included the removal of the neutral response option to encourage C&YP and carers to take a stance on various topics and eliminate ambiguity around what the neutral response means (e.g. is the survey participant actually neutral, do they not have enough information to make an informed choice or are they avoiding providing a socially undesirable response) (Cooper & Johnson 2016). This is intended to assist OzChild to understand the areas with high levels of dissatisfaction and enable efforts to be focused on these areas. However, it is acknowledged that removing the neutral response option may force respondents to select an answer that does not accurately reflect their opinions or lack thereof (Cooper & Johnson 2016). It is noted that these survey updates could impact on the comparison between the survey results from both years.

Demographics

Table 1 – Number of C&YP active in OzChild IHC programs during reporting period

Program name	Foster Care - VIC	Circle Program - VIC	TFCO - NSW	TFCO - QLD	TFCO - VIC	Kinship CCS - VIC	Kinship FS - VIC	Lead Tenant - VIC	TOTAL
No. of First Nations C&YP ³	83	6	10	10	3	04	04	1	113
No. of Non-First Nations C&YP ³	390	15	6	13	12	135	391	11	973
Total No. of C&YP ³	473	21	16	23	15	135	391	12	1086

Table 2 – Number of accredited carers active in OzChild IHC programs during reporting period

Program name	Foster Care - VIC	Circle Program - VIC	TFCO - NSW	TFCO - QLD	TFCO - VIC	Kinship CCS - VIC	Kinship FS - VIC	TOTAL
No. of Carers ³	485	22	41	54	10	129	300	1041
No. of Households ³	300	14	24	33	9	80	243	703

³ This includes clients on accepted referrals, that commenced placement and were active at some point during the reporting period (1 May 2020 to 30 April 2021). It also includes clients that commenced prior to 1 May 2020 but were active in the program at some point during the reporting period. The number of C&YP in Kinship care was calculated based on referral data and the number of C&YP in other programs was calculated based on placement data.

⁴ There are no longer First Nations C&YP in OzChild's Kinship Care programs as they are now serviced by the Victorian Aboriginal Child Care Agency.

Key Findings

Permanency



Stability

21 C&YP had a Permanent Care Order Granted.



94 per cent of C&YP in foster care had two or less placements.

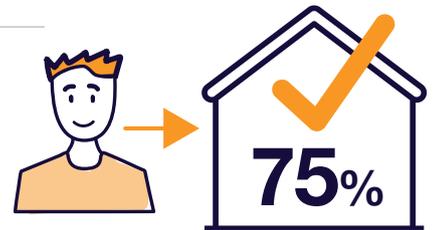


77 per cent of C&YP successfully graduated from TFCO.



89 per cent of C&YP who graduated from TFCO, remained in lower level care arrangements.

75 per cent of young people who exited Lead Tenant, transitioned to suitable housing.

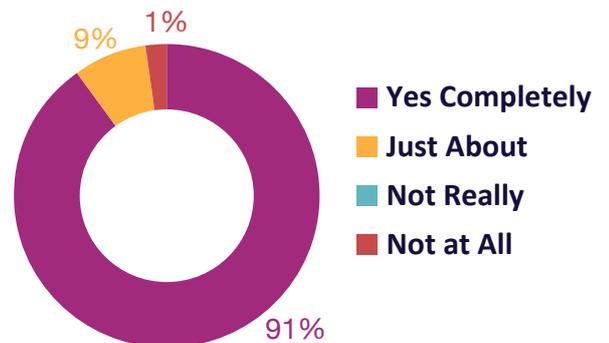


Safety



Safe and secure

91 per cent of C&YP in OzChild IHC services reported feeling 'Completely safe' where they live.



Well-being



Emotional and behavioural well-being

24 per cent of C&YP aged 4-17 years, were at risk of clinically significant mental health problems at placement review or end of their placement.

This was **14 per cent** less than at intake.



Physical health

96 per cent of C&YP described their physical health as 'Very good' or 'Good'.



Approximately **one third** of First Nations C&YP had their annual 715 Aboriginal and Torres Strait Islander Health Checks⁵.



Education

69 per cent of C&YP in TFCO had school attendance rates that improved by program closure.



In 2020, approximately **nine in ten** C&YP in Foster Care, Circle Program and Kinship Care – Case Contracting, had school attendance rates **above 80 per cent**.

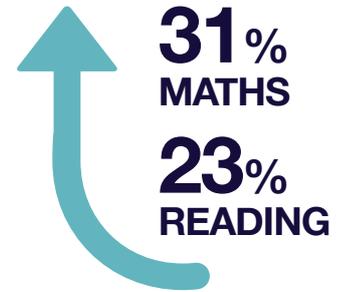


⁵ Aboriginal and Torres Strait Islander people have access to a free health check (the 715 Health Check) once a year, as well as free follow-up care if needed. This health check is important as it can help identify risks of ill health early to prevent chronic conditions from developing (Department of Health 2021).



Education

Average PAT scores (measuring achievement in Reading and Mathematics) improved for **all** C&YP in TFCO by program closure.



In 2020, **over 80 per cent** of C&YP had met the Reading and Numeracy requirements in most programs (with the exception of C&YP in Kinship Care - Case Contracting and Circle Program – West).



Connection

57 per cent of C&YP reported that they did not want to change anything about contact with their siblings.



67 per cent of C&YP reported that they did not want to change anything about contact with other family members (this question excluded siblings).



87 per cent of First Nations C&YP had contact with their siblings in care and **59 per cent** had contact with other family members.

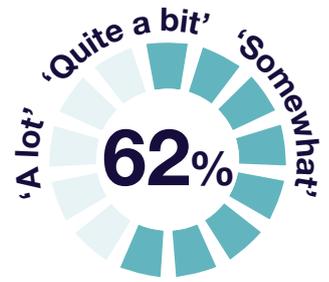
In this context, frequency of contact varied between fortnightly to yearly.





Identity

62 per cent of C&YP felt 'A lot', 'Quite a bit' or 'Somewhat' in touch with their culture and community.



68 per cent of First Nations C&YP participated in weekly Aboriginal activities (within in the home) over a six month period.



About **one in two** First Nations C&YP participated in at least six community gathering activities and/or events (outside the home) over a six month period.



95 per cent of C&YP surveyed knew 'Everything they need', 'Quite a lot' or 'Something' about their birth family.

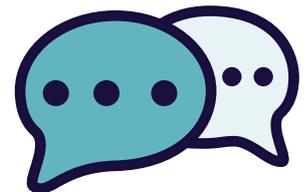


Leaving Care

Of the young people surveyed, aged 15 – 17 years, **90 per cent** reported being 'Very Satisfied' or 'Satisfied' with their leaving care plan and arrangements.



55 per cent of young people, aged 15-17 years, felt they were involved in their leaving care plan and arrangements.



 **Participation**

At **least two in three** C&YP felt that they 'Always' or 'Mostly' participate in decision making.



 **Carers**

At **least 90 per cent** of carers were 'Very Satisfied' or 'Satisfied' with OzChild's overall support and communication about C&YP in their care.



95 per cent of kinship carers were 'Very Satisfied' or 'Satisfied' with OzChild's information and training.



An average of **84 per cent** of foster and TFCO carers were 'Very Satisfied' or 'Satisfied' across various types of training offered by OzChild.

92 per cent of Non-First Nations carers felt their culture was 'Always' or 'Mostly' respected, acknowledged and supported by OzChild.



On average **63 per cent** of First Nations carers felt their culture was 'Always' or 'Mostly' respected and acknowledged by OzChild across two domains.



95 per cent of carers were 'Very Satisfied' or 'Satisfied' with their overall relationship with OzChild.

Summary of Observations

Program staff and leadership continue to lack confidence in the accuracy of data captured in the client management system, resulting in data being captured through other means. This may be because, even though the client management system has continued to evolve over the reporting period, it still does not meet some of their data collection and reporting needs.

Additionally, output and outcome data within the client management system were not always monitored or reviewed by programs which may impact on data quality (i.e. completeness, accuracy, timeliness, reliability and consistency). Data quality is important, as output and outcome data are used for decision making within OzChild and for government/philanthropic funding.

There also continues to be concerns that can undermine an evaluation culture which are also evident within the child welfare sector (Stewart 2014). The concerns observed generally relate to the uncertainty about the impact of findings on staff and program delivery (Stewart 2014). Some of these concerns include but are not limited to, a substantial amount of time being required to collect output and outcomes data, staff observations/case studies being the most valuable source of information for improving programs (as opposed to using evidence collected), programs being at risk of being cancelled and information being used to assess staff performance.

Summary of Areas for Development

As part of OzChild's continued focus on understanding the impact its programs are having on C&YP, it is recommended that OzChild develops and implements plans for embedding a data and evaluation culture. In 2021-22, a data culture blueprint will be prepared focussing on improving OzChild's data culture. An important component of this will be to ensure that organisational readiness is assessed. This will involve assessing the motivation and skills of staff and leaders, alongside organisational structures and practices, to support learnings and drive change as part of a learning culture (Stewart 2014).

It is also recommended that program staff follow-up on any negative responses to C&YP survey questions in order to address these matters as appropriate. This includes C&YP's connection with siblings/family members and/or culture and community, knowledge of birth family, leaving care and participation in decision making. Program staff could also continue to advocate for additional supports to be provided for C&YP that are not meeting the minimum Reading and/or Numeracy requirements.

There are also improvements that could be made to better support First Nations C&YP. This includes understanding and addressing barriers to ensure all First Nations C&YP have their annual Aboriginal and Torres Strait Islander Health Checks, have frequent contact with their First Nations siblings and other family members, and are regularly participating in First Nations activities and community gathering events.

Detailed Findings





1. Permanency

1.1 Children and young people are in stable placements

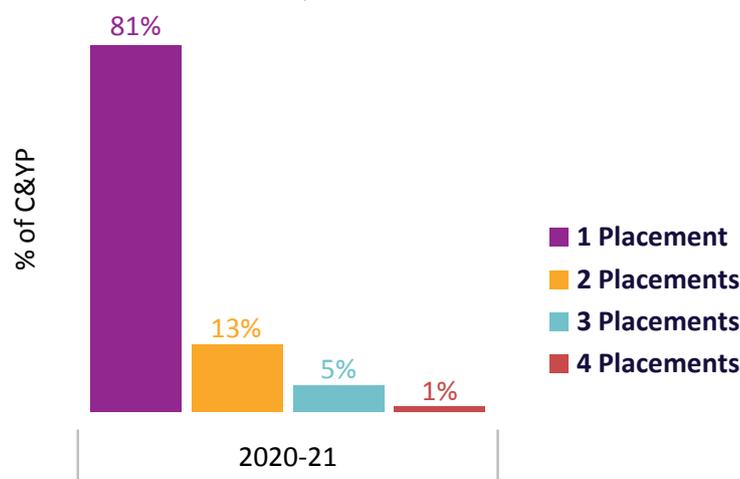
1.1.1 The proportion of children and young people in stable placements

During the reporting period (1 May 2020 to 30 April 2021), 94 per cent of C&YP in Foster Care had two or less placements (excluding respite placements). There were no C&YP with five or more placements. In 2020-21, Foster Care was comprised of Foster Care Case Management, Circle Program and TFCO in the southern and western regions of Victoria.

There were however, 29 C&YP in more than two placements during the reporting period. Program leadership advised that this could be attributed to the limited availability of long-term carers, resulting in C&YP being placed on short term and emergency placements whilst trying to find a suitable long-term option. It could also be due to placement breakdowns that occurred as a consequence of carer fatigue, mental health concerns and quality of care issues, as well as the complex and challenging behavioural problems that these C&YP presented with. There was also a preference to keep siblings together, even if that resulted in them being placed on short term placements.

Current research demonstrates that C&YP entering OOHC, both within Australia and overseas, are presenting with increasingly complex levels of need. It is reported that this is primarily due to OOHC services now being used as a last resort, resulting in only those C&YP with the most complex needs entering care (Child and Family Practice 2015). The research identifies the prevalence of behavioural, emotional and mental health problems across OOHC populations, and the importance of targeted treatments, interventions and placements (Child and Family Practice 2015).

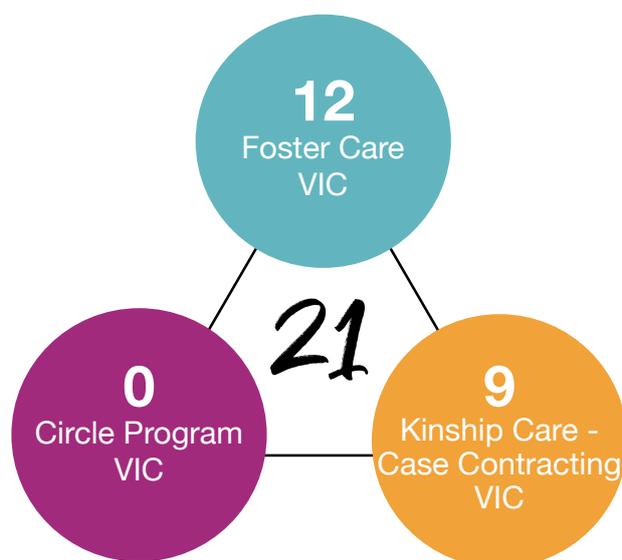
Figure 1 – Number of foster care placements



Respite placements were excluded from *Figure 1* as typically one respite placement is planned per month in Foster Care – VIC, Circle Program and TFCO. The goal is for this to occur within the same respite carer household every time, to maintain stability for the child or young person. In future years, the number of C&YP on respite placements with multiple carer households will be examined.

1.1.2 The proportion of children and young people placed in permanent care arrangements and children and young people who remain in lower level care arrangements

Table 3 – Number of C&YP in Foster Care and Kinship Care granted permanent care orders between 1 May 2020 and 30 April 2021



During the 2019-20 financial year, 18 C&YP were placed on permanent care orders, this included five in Foster Care - VIC and 13 C&YP in Kinship Care – Case Contracting. This total increased to 21 in Foster Care – VIC (12) and Kinship Care – Case Contracting (nine) for the period: 1 May 2020 - 30 April 2021. The increase in Foster Care permanent care orders is primarily due to sibling groups being granted orders. Overall, program leadership advised that Covid-19 restrictions delayed court proceedings during the period which may have impacted the number of permanent care orders that were granted. It is recommended that the permanency objective⁶ is captured in the client management system and any changes made to it at the time of review of the child/young person’s case plan. Currently, the client management system has not been set up to capture the permanency objective in a reportable format ([see Recommendations section](#)). Collection of permanency objective data would enable the calculation of the proportion of C&YP granted permanent care orders out of those eligible for a permanent care order, rather than calculating the number of permanent care orders granted every year (as in *Table 3*). This would in turn enable OzChild to more accurately assess permanency outcomes achieved for C&YP in OzChild’s care and it would facilitate a comparative analysis year on year.

⁶ The permanency objective for a child/young person can be either of the following: family preservation, family reunification, long-term out of home care, permanent care or adoption. In some cases, a child/young person can have concurrent permanency objectives.

Table 4 – Number of C&YP who *exited* TFCO by Closure Reason between 1 May 2020 and 30 April 2021

Program	Graduations	Placement breakdown	Total no. of C&YP who exited program ⁷
TFCO - NSW	14	1	15
TFCO - QLD	7	4	11
TFCO - VIC	6	3	9
TOTAL	27	8	35

Table 5 – Number of C&YP who have *graduated* from TFCO that remain in lower level care arrangements as at 11 June 2021

Program	Family reunification	Long term placement	Disability Housing or Semi-Independent Living Program	Return to Residential Care, ACA or TFCO program
TFCO - NSW	5	5	2	2
TFCO - QLD	3	3	0	1
TFCO - VIC	3	3	0	0
TOTAL	11	11	2	3

In 2020-21, 77 per cent of C&YP who were accepted into the TFCO program and commenced a placement with a TFCO carer, successfully graduated from the program (see *Table 4*). This figure does not include C&YP who are currently active in the program. There were eight C&YP who did not graduate due to placement breakdown with the TFCO carer. These C&YP had significant behavioural difficulties that could be not addressed through the TFCO program. 89 per cent of C&YP who graduated from TFCO between 1 May 2020 and 30 April 2021, progressed to and remained in lower level care arrangements (i.e. family reunification, a long-term placement with a foster carer, disability housing or a semi-independent living program) (see *Table 5*). This is nine per cent more than in the previous reporting period (1 July 2019 to 30 April 2021). There were three young people who did not remain in lower level care arrangements. One of the three returned to the TFCO program because there was no suitable family based placement available. This young person has since graduated to a long term carer placement. In relation to the other two young people, one young person returned to alternative care arrangements (ACA) within three months of graduation due to allegations against their carer and the other young person was placed in residential care following serious incidents as no suitable family based placement was available.

⁷ This total only includes referrals into the TFCO program that were accepted, and the initial placement had commenced. This differs from the cumulative successful graduation total that model purveyors measure for certification.

1.1.3 The proportion of children and young people placed in permanent care arrangements and children and young people who remain in lower level care arrangements

Table 6 – Number of C&YP in Lead Tenant who *exited* the program with a planned move to suitable housing



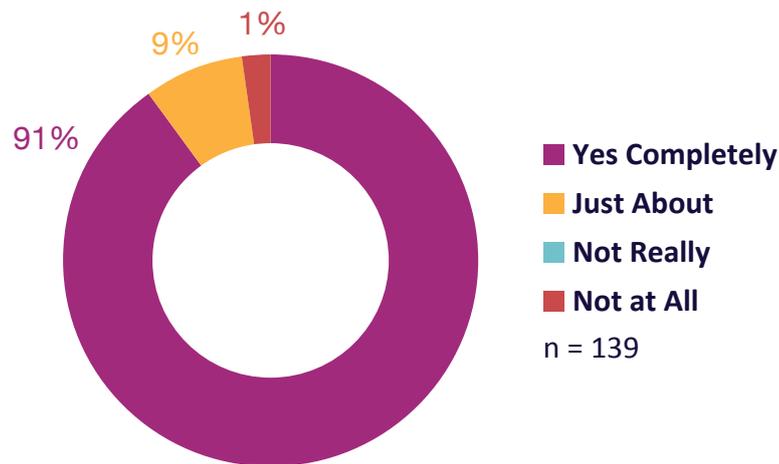
Lead Tenant provides semi-independent accommodation and support for young people aged 16-18 years old who are unable to live with their family due to issues of abuse or neglect. These young people are supported by a volunteer adult who provides day-to-day guidance and mature role modelling, with additional support provided by case managers and youth workers (OzChild 2021). In the 2020-21 reporting period, 75 per cent of young people who exited the Lead Tenant program had a planned move to suitable housing. These six young people were accepted into the housing offered by accommodation providers including Better Futures and Compass. However, there were two young people who did not move to suitable housing. One young person had a placement breakdown due to the risks she posed to the other young person and volunteer she was living with in the Lead Tenant accommodation. The other young person self-placed with an adult partner at age 18. Although it was not an approved transition, the young person made this decision on her own as she was 18 at the time.

2. Safety

2.1 Children and young people feel safe

2.1.1 The proportion of children and young people in out-of-home care who report feeling safe in their current placement

Figure 2 – Percentage of C&YP feeling *safe* where they live, March 2021



91 per cent of C&YP who participated in OzChild’s 2021 CYPFS, indicated that they felt ‘**Completely safe**’ where they live. This is a slight increase from 2019 and 2020 where 90 per cent of C&YP felt ‘Very safe’.

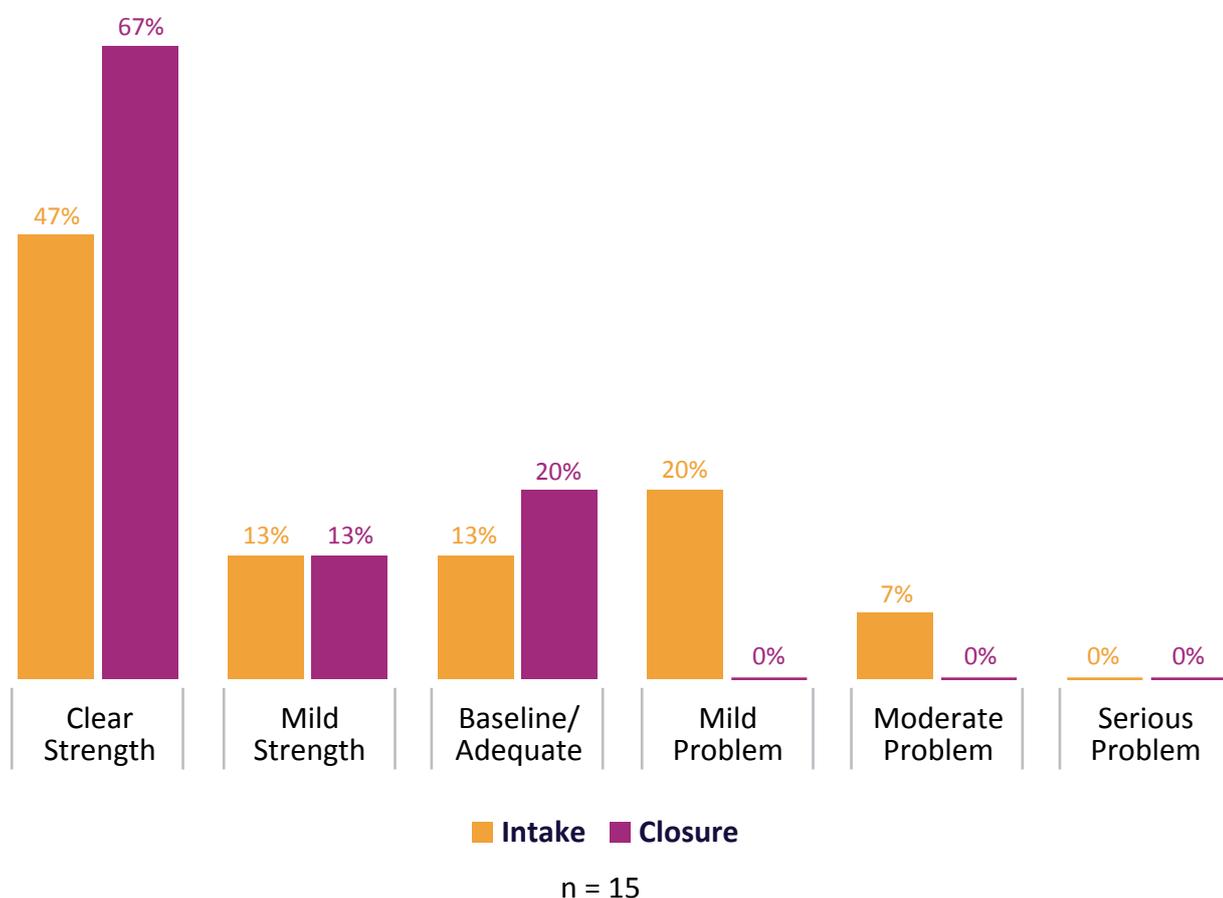
In AIHW’s and CREATE’s 2018 studies, data was gathered on C&YP, aged 8–17, who were under the care of the Minister or Chief Executive in the eight states and territories. 95 and 93 per cent of C&YP in the AIHW and CREATE studies respectively, reported feeling safe in their current placement. OzChild’s rates are slightly below AIHW’s and CREATE’s.

This year OzChild’s CYPFS approach was updated in order to collect feedback from C&YP aged eight and above, rather than ages five and above, to align with CREATE and AIHW’s approach and because it is generally understood that survey research is more reliable with C&YP around age seven and above (Bell 2007). The question on safety was also modified to incorporate a Likert scale (‘**Not at All**’, ‘**Not Really**’, ‘**Just About**’ and ‘**Yes Completely**’) to align with AIHW’s survey question wording to enable more effective comparisons. One child in the 8-10 age group expressed that he felt ‘**Not at All**’ safe. He indicated that in order to feel completely safe, he wanted to live with his previous carer. This child had been in his current placement for less than three months.

2.1.2 Improvement to overall family safety

The North Carolina Family Assessment Scale (NCFAS) is used to assess how a family is functioning, from the perspective of the practitioner, in relation to several domains (e.g. Family Safety and Social and Community Life) (Martens 2008). NCFAS was used by two programs (Kinship Care – First Supports and TFCO) to assess improvement to overall family safety. Only families in Kinship Care – First Supports who exited the program after 12 months (due to funding) and had an assessment undertaken at both intake and closure were included in the below analysis.

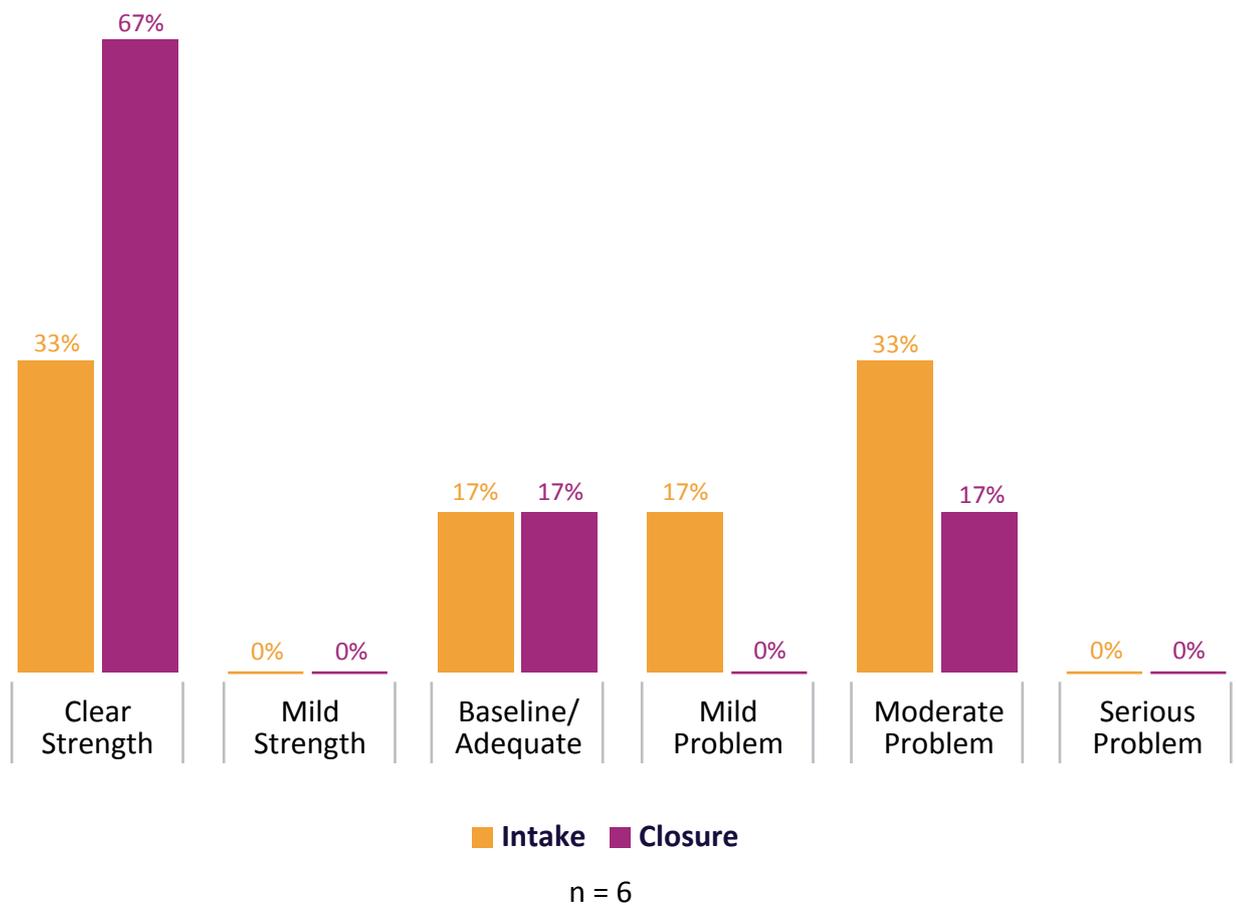
Figure 3 – Percentage of Kinship Care - First Supports families with improvements to Family Safety



There are 15 families within Kinship Care – First Supports who had NCFAS assessments undertaken at intake and closure of the program. Prior to intervention, 27 per cent of families had a rating of mild or moderate problem. By program closure, there were no problem ratings. All families had either a baseline/adequate, mild or clear strength rating.

Overall Family Safety appears to be primarily rated as a problem due to the family conflict occurring between kinship carers and parents. In these cases, a narrative was not documented within the NCFAS tool which explains the basis for ratings. It is recommended that these narratives are input into the NCFAS tool including notes which specify actions taken during the program to address the problems identified at intake.

Figure 4 – Percentage of TFCO families with *improvements* to Family Safety



At the completion of the TFCO program, the young person returns to an aftercare family (biological parents or other caregivers) that has been prepared for the young person’s return throughout the course of TFCO. For TFCO, NCFAS is only completed where the aftercare option is a return to birth or kinship family on a case by case basis⁸. Only families who completed the service, and had an assessment undertaken at both intake and closure were included in *Figure 4*. As only intake assessments were completed for the two families in TFCO-NSW, they were not included in *Figure 4*.

There are six families within TFCO (VIC and QLD) who had NCFAS assessments undertaken at intake and closure of the program. Prior to intervention, 50 per cent of families had a rating of mild or moderate problem. By program closure, 17 per cent had a problem rating (one family). These problem ratings were due to the following: family conflict, past reports of physical and emotional abuse, neglect and a family member with substance abuse issues and a violent partner. The family that had a problem rating that remained at program closure, was due to the family member with substance abuse issues and a violent partner sporadically appearing at the family home. Although this family member lives at another property, in the past, they had shown up at the young person’s home, intoxicated and violent. However, this had not occurred during the course of the program.

In these cases, although a narrative was documented in the NCFAS tool which explained the basis of the ratings, actions taken during the program to address the problems identified at intake, were not documented.

⁸ This refers to instances where complexities or issues around family functioning have been identified with kinship families.



3. Well-being

3.1 Children and young people have improved emotional and behavioural development

3.1.1 The proportion of children and young people in out-of-home care with improved emotional and behavioural development

Figure 5 – Percentage of carers' pre total Difficulties Score for C&YP by risk level

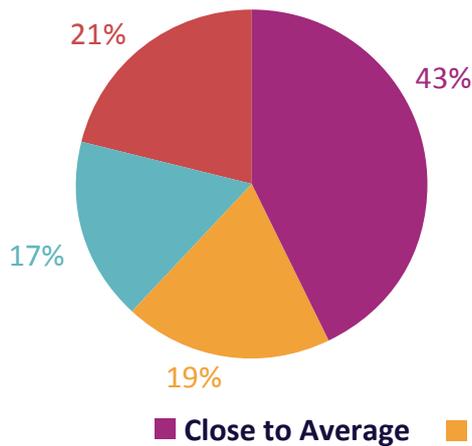


Figure 6 – Percentage of carers' Review/ Post Total Difficulties Score for C&YP by risk level

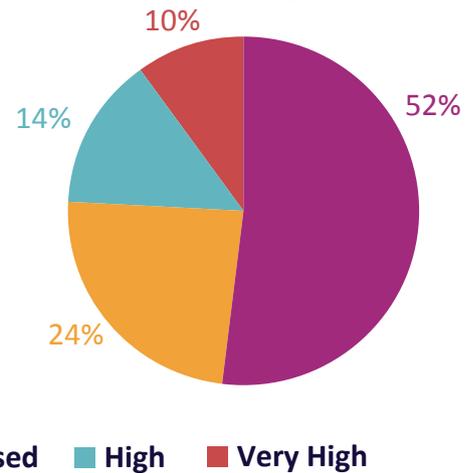


Figure 7 – Percentage of carers' Pre Prosocial Score for C&YP by risk level

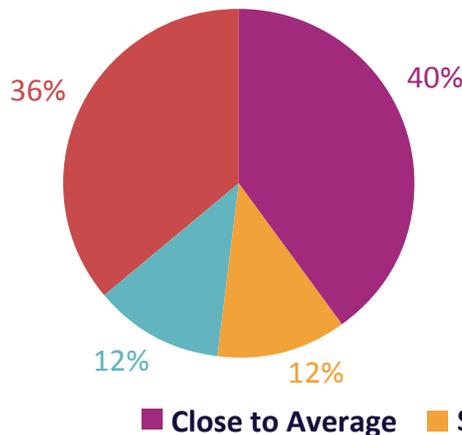
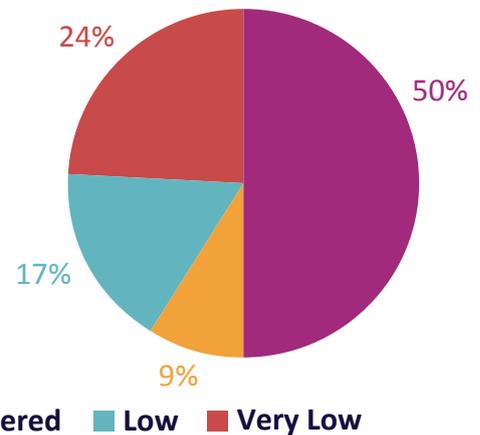


Figure 8 – Percentage of carers' Review/ Post Prosocial Score for C&YP by risk level



There were 67 C&YP in IHC programs who had both pre and review/post SDQ completed by their carers during the review period (for TFCO, only C&YP who graduated from the program were included). Of the 67, SDQ scores for C&YP aged 4-17 years (58 SDQs), were classified into four groups: 'Close to Average', 'Slightly Raised', 'High' and 'Very High' for the Total Difficulties (total emotional and behavioural difficulties) scale and 'Close to Average', 'Slightly Lowered', 'Low' and 'Very Low' for the Prosocial scale (Youth in Mind 2016). 'High', 'Very High', 'Low' and 'Very Low' scores indicate substantial risk of clinically significant problems (Lawrence et al. 2015). The SDQ was designed so that approximately 10 per cent of C&YP will fall into the 'High' to 'Very High' range on the Total Difficulties score as well as the 'Low' to 'Very Low' range on the Prosocial score (Lawrence et al. 2015).

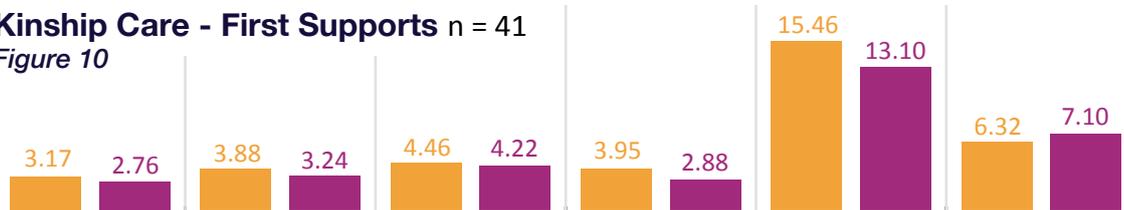
24 per cent of C&YP (14 C&YP) were in the 'High' and 'Very High' categories for Total Difficulties (higher risk) at the time of review or at the end of placement (a 14 per cent decline from intake). For the SDQ Prosocial subscale, 41 per cent of C&YP (24 C&YP) were in the 'Low' and 'Very Low' categories (higher risk) at the time of review or at the end of placement (a seven per cent decline from intake). Results also indicated that nine per cent of C&YP's Total Difficulties scores moved to the lower risk category of 'Close to Average' by review/post and 10 per cent of C&YP's Prosocial scores moved to the lower risk category of 'Close to Average' by review/post. However, the 'Very High' and 'High' for the Total Difficulties scale and the 'Very Low' and 'Low' categories for Prosocial scale are 14 per cent and 31 per cent respectively above the general population. These percentages have increased since 2019-20. This may be due to the impact of Covid-19 on C&YP, particularly those in care. However, in order to attribute these particular C&YP's scores to the impact of Covid-19, this information needed to be collected and documented at the time of review/program closure.

Figures 9 – 12 *Average* pre and review/post SDQ scores

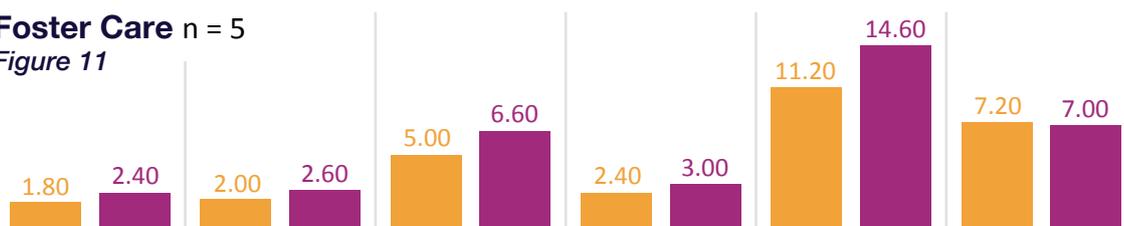
Kinship Care - Case Contracting n = 8
Figure 9



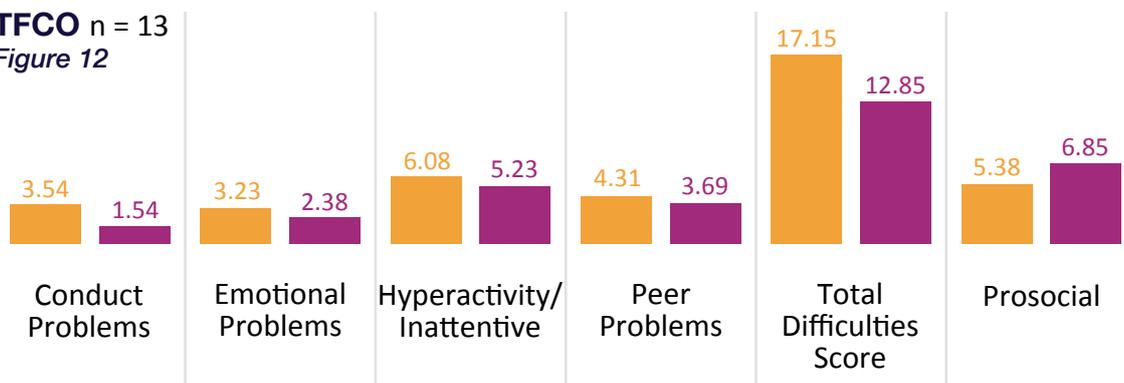
Kinship Care - First Supports n = 41
Figure 10



Foster Care n = 5
Figure 11



TFCO n = 13
Figure 12



Domain

Pre Review/Post

SDQ pre and review/post scores were also assessed by program, to determine whether they have improved over time. The results indicate a 25 per cent and 15 per cent improvement on average in total difficulties for TFCO and Kinship Care – First Supports programs respectively. There was also a 21 per cent, 14 per cent and 11 per cent improvement in prosocial behaviours for TFCO, Kinship Care – Case Contracting and Kinship Care – First Supports respectively. See *Figures 9-12* above.

Program supervisors advised that improvements to TFCO scores may be attributed to the programs' focus on emotional regulation, establishing routines, interaction with peers at school and independent play skills. Two young people were also assessed and diagnosed with disabilities. They were also linked to programs to support their disabilities and/or level of functioning. Additionally, the improved scores may be attributed to the move from residential care and ACAs, into more stable home environments.

For Kinship Care – First Supports, the improvements to the SDQ Total Difficulties scores at completion of the program, may be due to the supports provided to address a child or young person's specific needs (e.g. provision of practical items (furniture/clothing) or funding for school and extra-curricular activities to build family relationships and improve social skills) and placement stability.

Out of the eight C&YP with SDQs, there were five C&YP in Kinship Care – Case Contracting whose SDQ Total Difficulties scores deteriorated during the review period (see *Figure 9*). Program leadership indicated that these instances could potentially be attributed to placement changes/disruption, disengagement from school, changes to contact arrangements and feelings of isolation during the Covid-19 restrictions. However, since reasons behind C&YP's worsened SDQ scores were either not investigated or documented at the time of review/program closure, it is not evident what could have contributed to this decline ([see Recommendations section](#)).





Approximately, 17 per cent of all clients requiring an SDQ (i.e. over age two and in placement for more than 12 months, or for Kinship Care - First Supports and TFCO, had completed the program), had pre and review/post SDQs completed by their carer (see [Appendix 2](#) for a detailed breakdown by program). This refers to SDQs administered to carers. The SDQs administered to young people (11 years and over) as well as their teachers was significantly lower. The SDQ rate of completion could be improved. The current rate of completion could be attributed to instances where either only a pre or a review/post SDQ was collected (rather than both) and/or SDQ data captured within the client management system was incomplete/inaccurate. There is a need for program managers to increase monitoring of SDQ data quality with support from the Outcomes and Data team. Training should also be delivered at more regular intervals to build on practitioner knowledge and confidence, and understand the barriers to delivering the SDQ ([see Recommendations section](#)).

Discussions with TFCO program staff has indicated that intra-rater reliability⁹ may not always be achieved. This is because C&YP placed in the TFCO program were previously in Residential Care or ACAs. Program staff attest that workers in Residential Care and the ACAs have a better knowledge of C&YP's emotional and behavioural well-being prior to the TFCO program, and therefore SDQs are administered to them and not always the TFCO carer as well. This could impact on intra-rater reliability. It is recommended that SDQs are administered to both the Residential Care and ACA workers, and TFCO carers (within first four weeks of placement) in order to achieve intra-rater reliability. The Parent Daily Report (PDR)¹⁰, which is also currently being used by TFCO program staff to measure carers' perspectives of C&YP's behavioural and emotional problems, will be explored and the data will be considered for future year's reporting.

⁹ Intra-rater reliability refers to the consistency of the data recorded by one rater over several occasions (Fink, 2010)

¹⁰ The PDR is administered via telephone and consists of 34 child behaviour items. Parents are asked if each item occurred/did not occur within the past 24 hours and, if it did occur, if it was stressful. The PDR can be used to measure change in the level of parent perception of child problems and parent stress before, during, and after intervention (Oregon Social Learning Center, 2021)

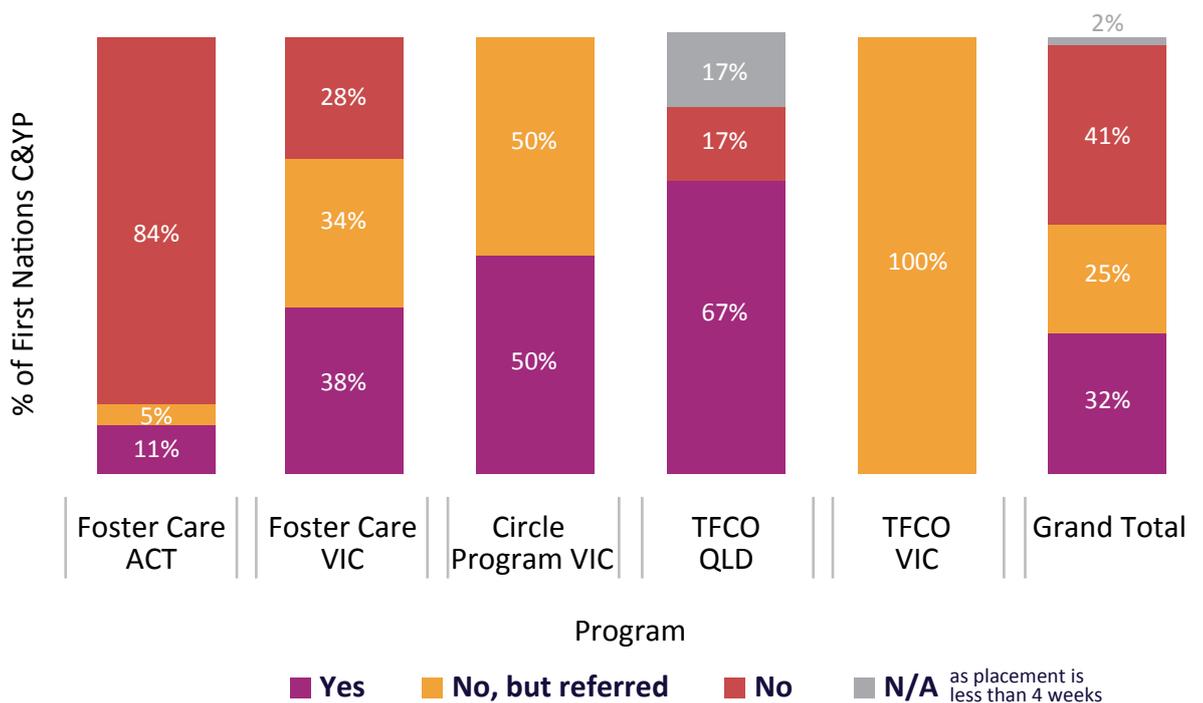
3.2 Children and young people are supported with their physical health needs

3.2.1 The number and proportion of children and young people who have had their annual health check of their physical, developmental, psychosocial and mental health needs

Review of C&YP’s health and development assessment data identified that improvements could be made to the data collection and monitoring processes, and the client management system, in order to completely and accurately reflect the status of health and development assessment data (see Recommendations section). Therefore, this data has not been included in this report.

However, 715 Aboriginal and Torres Strait Islander Health Check data was collected by relevant programs (Foster Care, TFCO and Circle Program) as part of the First Nations Cultural Connections Review during March 2021. There were no First Nations C&YP in TFCO - NSW in March 2021.

Figure 13 – First Nations C&YP who received their annual 715 Aboriginal and Torres Strait Islander Health Check, October 2020 and March 2021



As at April 2021, 32 per cent of First Nations C&YP had received their annual 715 Aboriginal and Torres Strait Islander Health Check within the last 12 months (see Figure 13 for breakdown by program). This is a slightly better rate than last year which was 29 per cent. It should be noted that 25 per cent of C&YP had been referred for an Aboriginal Health Check. This includes Health Checks performed at Aboriginal Health Services and at mainstream health clinics.

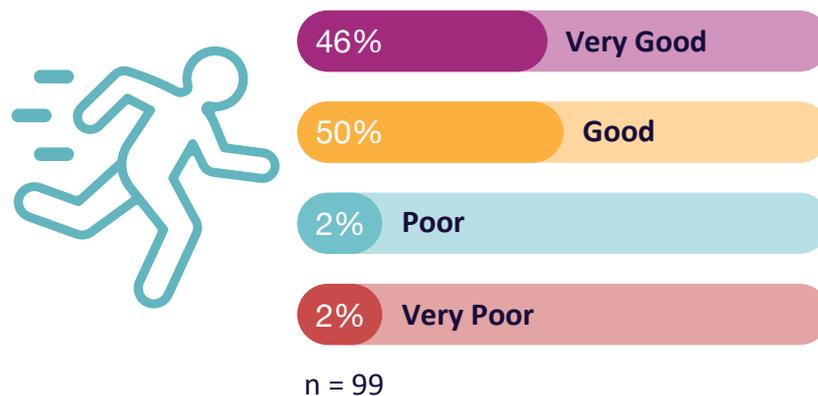
C&YP who had not had an Aboriginal and Torres Strait Islander Health Check was due to following reasons: impacts of Covid-19, program staff and/or carers were not aware or did not understand this requirement or the young person had declined the Health Check.

3.2.2 The number and proportion of children and young people who have had their annual dental check

Review of C&YP's dental assessment data identified that improvements could be made to the data collection and monitoring processes, and the client management system, in order to completely and accurately reflect the status of dental assessment data ([see Recommendations section](#)). Therefore, this data has not been included in this report.

3.2.3 The number and proportion of children and young people who feel supported with their physical health needs

Figure 14 – C&YP's description of their physical health, March 2021



In 2021, C&YP 11 years and over were provided the opportunity to describe their physical health. 97 per cent of these C&YP described their physical health as 'Very Good' or 'Good'. Four C&YP described their physical health as 'Poor' or 'Very Poor'. Two of the C&YP have no physical health concerns that have arisen from health assessments, however, one of them has an intellectual disability and the other one has mental health concerns. The other two young people are obese. One of these young people also has mental health concerns and has declined to get a medical assessment. The other young person has been referred to a program for obesity which they are currently participating in. Program staff have been provided the details of these C&YP to have a follow-up discussion with them.

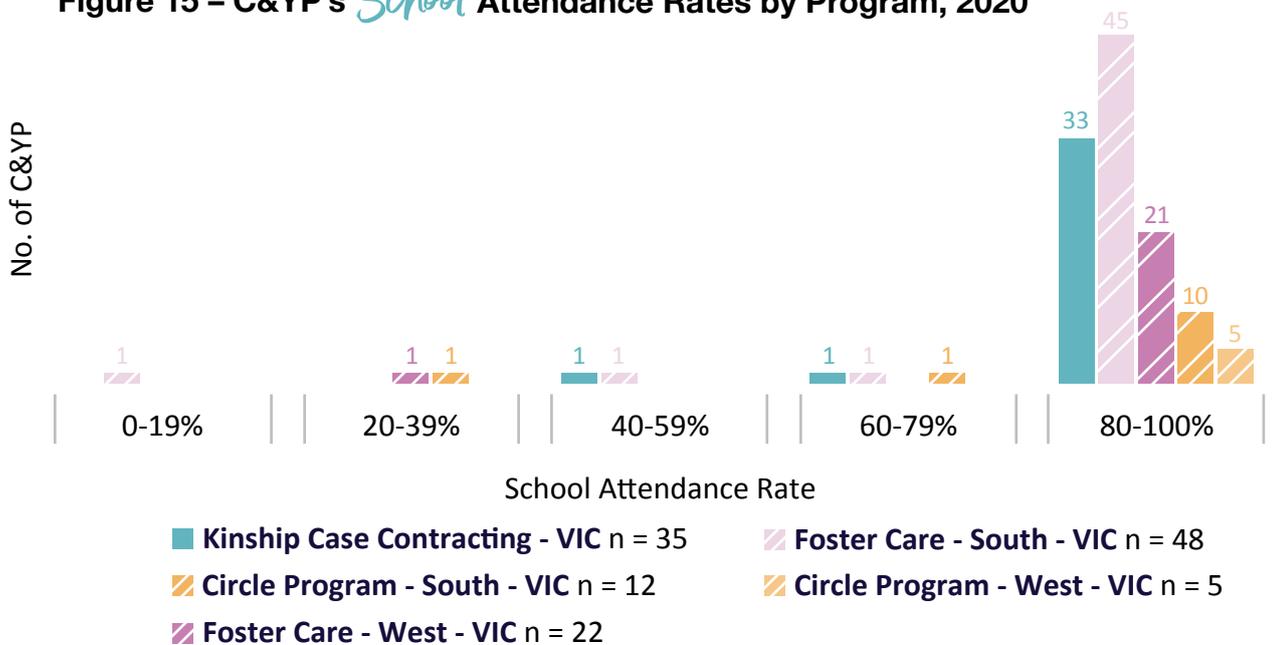
Currently, data on whether physical health needs have been addressed, is not collected, measured or evaluated. There are also no agreed national measures for monitoring the health and well-being of C&YP in OOHC. As there is evidence that C&YP in OOHC have poorer physical and development health when compared to their peers, it is vital that we can determine the health outcomes for this vulnerable group (Webster 2016; Royal Australasian College of Physicians 2019).

3.3 Children and young people are engaged in and achieving in education

3.3.1 The proportion of children attending school

School attendance for C&YP in IHC services is assessed using two different methods. This year, rather than identifying whether C&YP had missed more than 20 days of school, Foster Care, Circle Program and Kinship Care - Case Contracting, case managers obtained school attendance rate data from school reports (where possible). In TFCO, attendance rates were collected for the term that C&YP had entered the program and the term occurring at program closure. Data was included in *Figures 15 and 16* if program staff had obtained the school attendance data required (2020 attendance data for Foster Care, Circle Program and Kinship Care - Case Contracting, and both intake and closure school attendance rates for TFCO) and correctly entered it into OzChild’s client management system.

Figure 15 – C&YP’s *School* Attendance Rates by Program, 2020



In 2020, most school attendance rates (91 C&YP) were between 80 and 100 per cent (see *Figure 15*). However, eight C&YP had school attendance rates that were lower than 80 per cent. This included three C&YP in Foster Care – South, one in Foster Care – West, two in Circle Program – South and two in Kinship Care – Case Contracting. Program staff advised that they increased the frequency of care team and Student Support Group (SSG) meetings to address low school attendance for these C&YP. In Circle Program – South, these C&YP had become high risk adolescents. In Foster Care – South, one child had a significant disability and had been referred to the National Disability Insurance Scheme (NDIS). One young person was now completing an apprenticeship and the other was declining to attend school and leaving care options were being considered. For the child in Foster Care – West, the case manager advocated for additional support through the LOOKOUT Education Support Centres. This child had an autism diagnosis and had significant behavioural needs. She is now in a specialist school. In relation to the two siblings in Kinship Care – Case Contracting that had low school attendance, the carers were also referred to the Triple P program to assist them to develop strategies for managing C&YP’s behaviour.

Figure 16 – Comparison of Intake and Closure School Attendance Rates

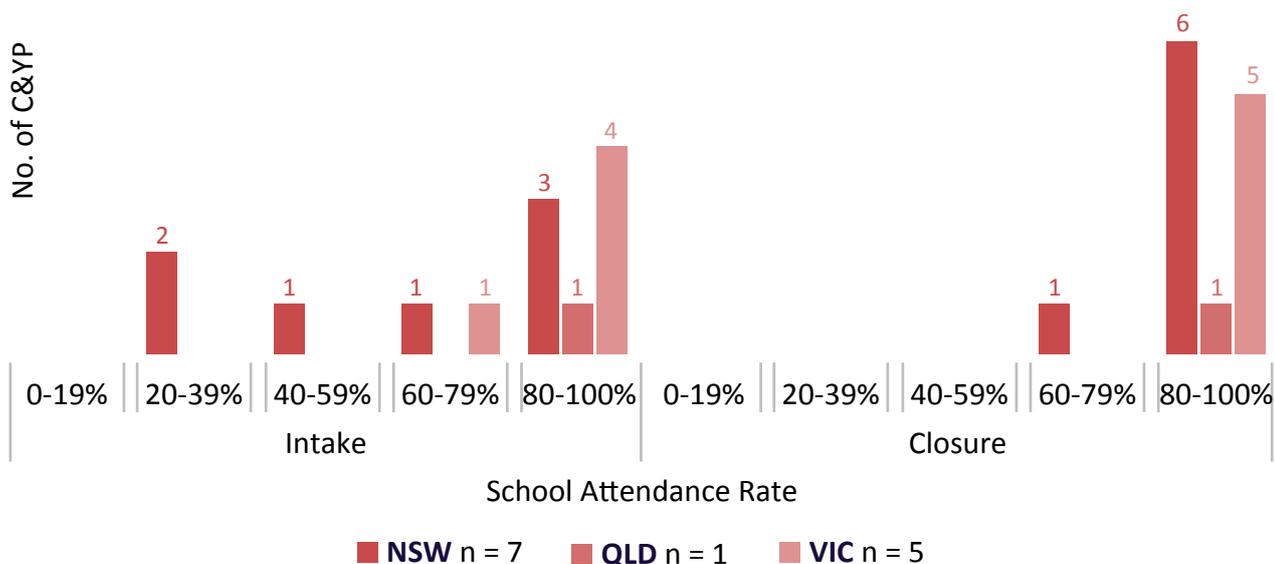
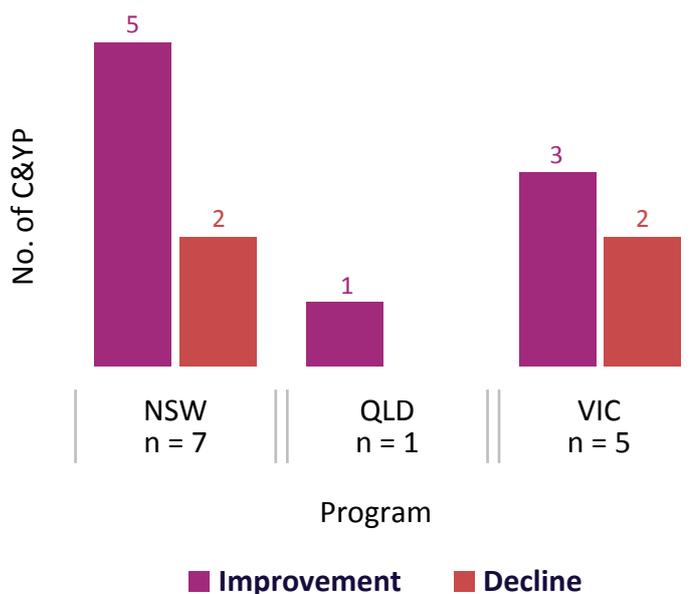


Figure 16 and 17 represents C&YP who have graduated from TFCO between 1 May 2020 and 30 April 2021 where attendance data was available. There were significant improvements to school attendance for five of seven C&YP in TFCO - NSW. There were also improvements (between 10 and 20 per cent) to attendance rates for C&YP in TFCO - VIC and TFCO - QLD. There were slight declines (within 10 per cent) to attendance rates for two C&YP in both TFCO - NSW and VIC.

Figure 17 – C&YP's Changes to School Attendance Rates by State



The declines to school attendance rates for four C&YP were primarily due to suspensions, school refusal towards end of placement and challenges with the transitioning from primary school to high school.

Schools, practitioners, case managers, carers and parents need to work together to maximise the school attendance and participation of C&YP in OOHC (Department of Education and Training (DET) and Department of Health and Human Services (DHHS) 2018). Assessments indicate that 80 per cent of C&YP in OOHC are attending school full-time, compared to close to 100 per cent of their peers in the community. Poor school attendance is linked to adverse student outcomes including early school leaving, poverty, substance use, unemployment and negative health outcomes. It can also affect the stability of a C&YP's placement in OOHC (DET and DHHS 2018). Improved data collection requirements (e.g. attendance rate upon entry into the program and at regular review periods) will assist OzChild case managers in understanding the impact that OzChild Foster Care, Circle Program and Kinship Care – Case Contracting services are having on C&YP's school attendance. However, it should be noted that schools may not always provide this data upon request, particularly in instances where the child/young person has changed schools.

3.3.2 The proportion of children and young people achieving national reading and numeracy benchmarks

Figure 18 – Minimum Reading Requirements

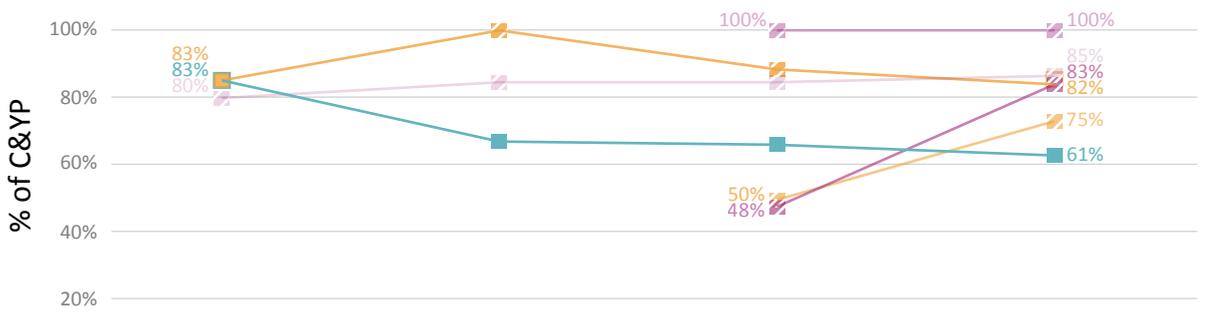
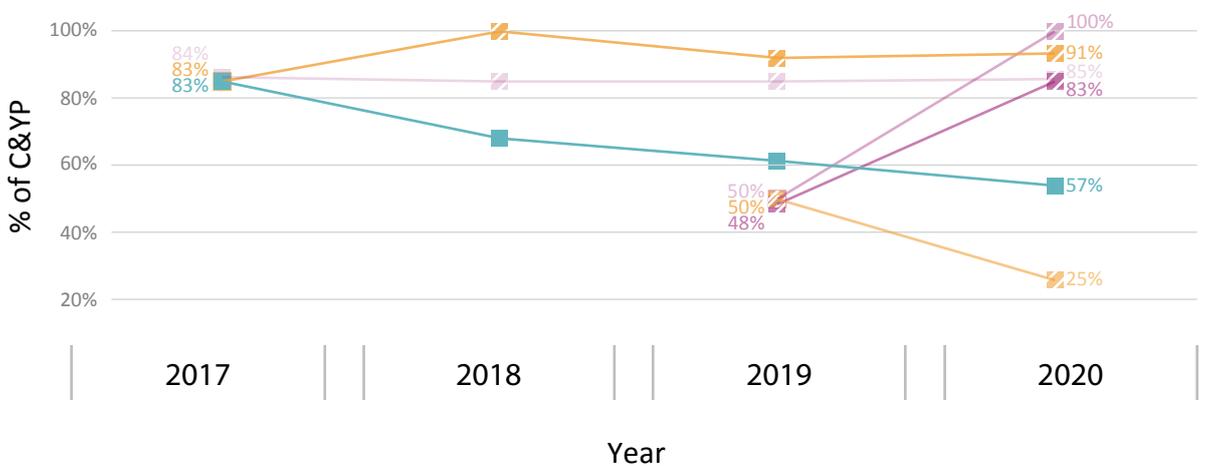


Figure 19 – Minimum Numeracy Requirements



■ Kinship Case Contracting - VIC n = 65;64;76;51
 ■ Foster Care - South - VIC n = 56;83;54;60
■ Foster Care - Gippsland - VIC n = 2;4
 ■ Foster Care - West - VIC n = 27;29
■ Circle Program - South - VIC n = 6;2;15;11
 ■ Circle Program - West - VIC n = 4;4

Results indicate, that in 2020 school year, 76 and 75 per cent of C&YP met the minimum Reading and Numeracy requirements respectively (see *Figures 18 and 19* above). C&YP who were attending a specialist school for children with disabilities have been excluded from this analysis. Foster Care – Gippsland had the highest percentage (100%) of C&YP who had met the minimum Reading and Numeracy requirements. Circle Program – West and Kinship Care - Case Contracting had the lowest percentage of C&YP in the program who were meeting the minimum requirements. It should be noted that both Foster Care – Gippsland and Circle Program – West have lower numbers of C&YP in their respective programs, whereby significant changes to percentages could be attributed to one or two C&YP. The three C&YP in Circle Program – West who were not meeting the minimum requirements were experiencing learning difficulties and are receiving tuition. Over the past four years, there has been a steady decline, in the percentage of C&YP in Kinship Care - Case Contracting who were meeting the minimum Reading and Numeracy requirements. Program management has advised that the decline is primarily due to the following reasons: trauma history and challenges with obtaining an Educational Needs Analysis (ENA)¹¹ from the school (although it was approximately one third of the C&YP who did not have an ENA that also did not meet the minimum requirements). Program management have also indicated that for C&YP in Kinship Care - Case Contracting, it has become increasingly challenging to access additional supports (i.e. Occupational Therapists, Student Support Services Officer, Navigator program¹² and LOOKOUT centres¹³), that could provide individualised sessions to address their specific needs. Funding for tutoring services has also been more challenging to obtain over the past few years. Additionally, there have been changes made to funding for integration aides, resulting in some C&YP who were previously eligible for funding, no longer having access to this support. Approximately half of the C&YP in Kinship Care - Case Contracting who weren't meeting the minimum requirements, did not have any additional supports. Whereas, in Foster Care and Circle Program, approximately one third of C&YP that weren't meeting the minimum requirements did not have additional supports.

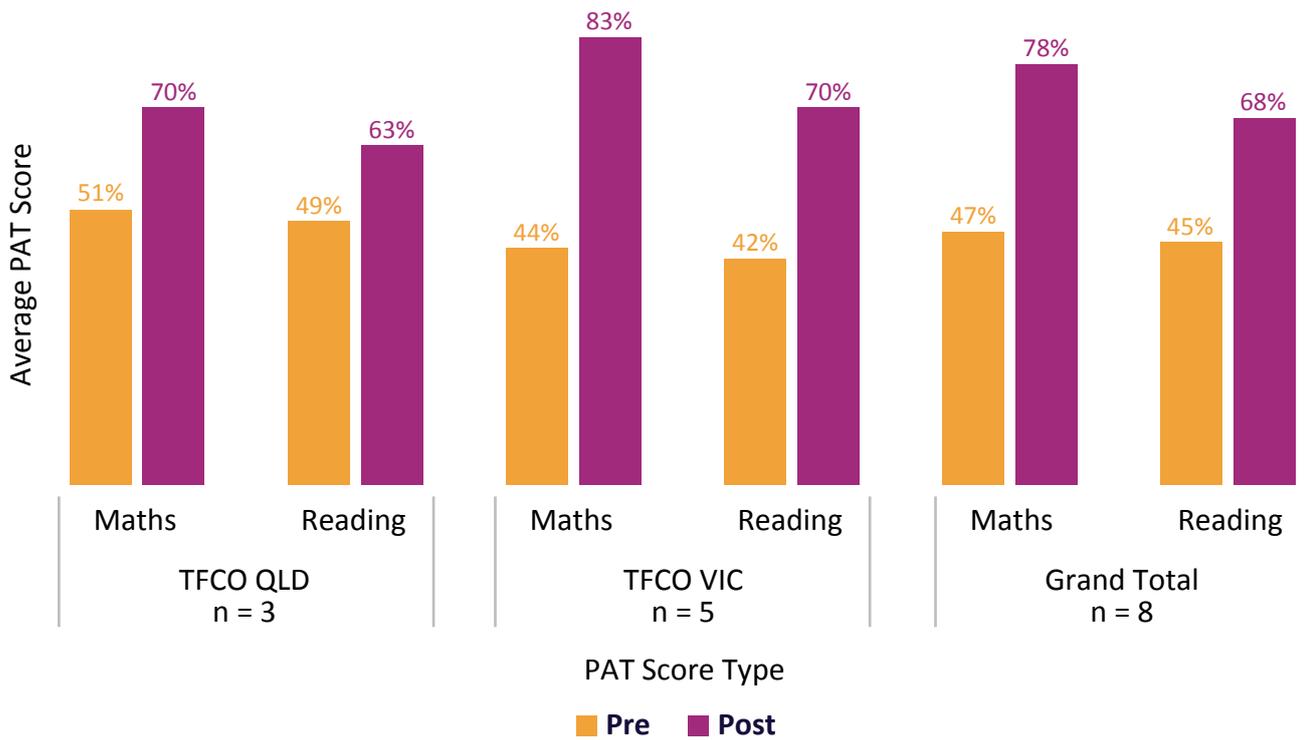
Program leadership will investigate this further and determine how to improve C&YP's attendance, followed by educational achievements. It is recommended that program staff identify C&YP who are not meeting the minimum Reading and/or Numeracy requirements and ensure that they have advocated for additional supports. Additionally, attendance and educational achievements data should be captured completely and accurately, and monitored for all clients to assist with this process ([see Recommendations section](#)).

¹¹ The Educational Needs Analysis is a process of identifying and planning around the socio- emotional and educational needs and strengths of students in OOHC. It involves collecting, reviewing and analysing personal, health and educational information from several sources, determining the need for additional services and interventions, contributing to the development of a comprehensive Individual Education Plan or Personalised Learning Plan (DET and DHHS 2018).

¹² The Navigator program supports disengaged young people to return to education and learning. Navigator works with young people, their families and support networks to address issues underlying disengagement and help them re-engage with their education (DET 2021).

¹³ LOOKOUT centres are designed to boost the capacity of schools, carers, child protection practitioners and out-of-home care services to improve educational outcomes for children and young people living in out-of-home care (DET 2020).

Figure 20 – Comparison of *Average* PAT scores for C&YP in TFCO



Eight out of 27 clients, who graduated from TFCO, undertook PAT assessments at intake and closure and had their PAT scores captured in the client management system. There were improvements to all of their average PAT scores for Maths and Reading. However, there continues to be challenges with engaging C&YP to complete the PAT, particularly adolescents. Additionally, although there have been workshops and guidance materials in relation to the PAT, there remains difficulties with either administering the PAT and/or capturing the PAT data in the client management system. It is recommended the continued use of PAT is reviewed with program leadership ([see Recommendations section](#)).



3.4 Children and young people are supported to safely and appropriately maintain connection with family

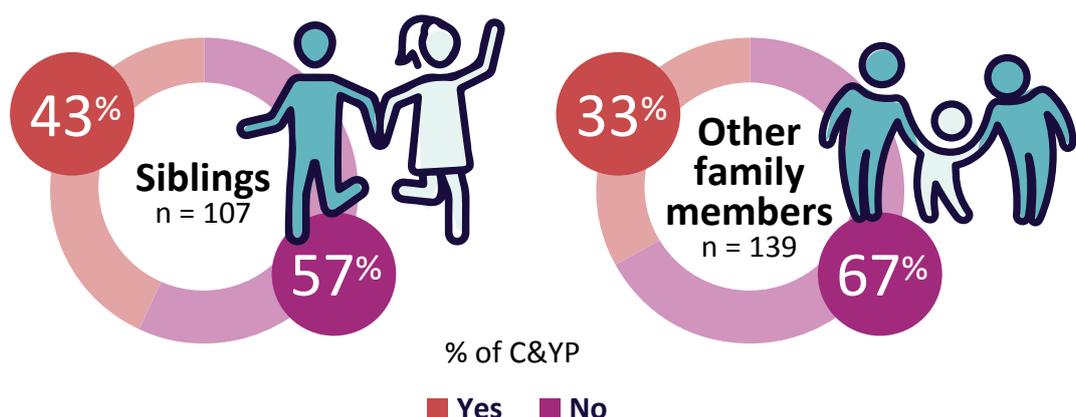
3.4.1 The proportion of children and young people who have contact with family

57 per cent of survey respondents reported not wanting to change anything about contact with their siblings and 67 per cent of respondents reported that they didn't want to change anything about contact with other family members (see *Figure 21*). C&YP who don't have siblings or have siblings that live with them were excluded from the analysis. This equates to 57 per cent of First Nations C&YP (12 C&YP) and 57 per cent of non-First Nations C&YP (49 C&YP) respondents that did not want to change anything about contact with their siblings. There was also 62 per cent of First Nations C&YP (13 C&YP) and 68 per cent of non-First Nations C&YP (80 C&YP) respondents that did not want to change anything about contact with their other family members.

First Nations C&YP were more likely to report that they wanted to change something about contact with siblings and/or family members in comparison to non-First Nations C&YP.

The programs with the highest percentages of C&YP who wanted to change contact with their siblings and/or other family members were Kinship Care – First Supports and TFCO. 85 per cent of C&YP in Kinship Care - First Supports wanted to change something about contact with their siblings. Additionally, 54 per cent of C&YP in Kinship Care – First Supports wanted to change contact with other family members (refer to [Appendix 2](#) for breakdown by program). In TFCO, 71 per cent of C&YP wanted to change contact with their siblings and/or other family members. The majority of C&YP surveyed in TFCO (93 per cent) and Kinship Care – First Supports (92 per cent) had been on placement for two or less years, due to the nature of these programs. In comparison to 31 per cent of C&YP surveyed in Foster Care, 16 per cent in Kinship Care – Case Contracting and zero in Circle Program who had been on placement for two or less years. This could indicate that C&YP who had been on placement for longer, may already have contact arrangements established that they are content with or they have accepted their contact arrangements as they are.

Figure 21 – Percentage of C&YP who want to *change* contact arrangements with siblings or other family members, March 2021



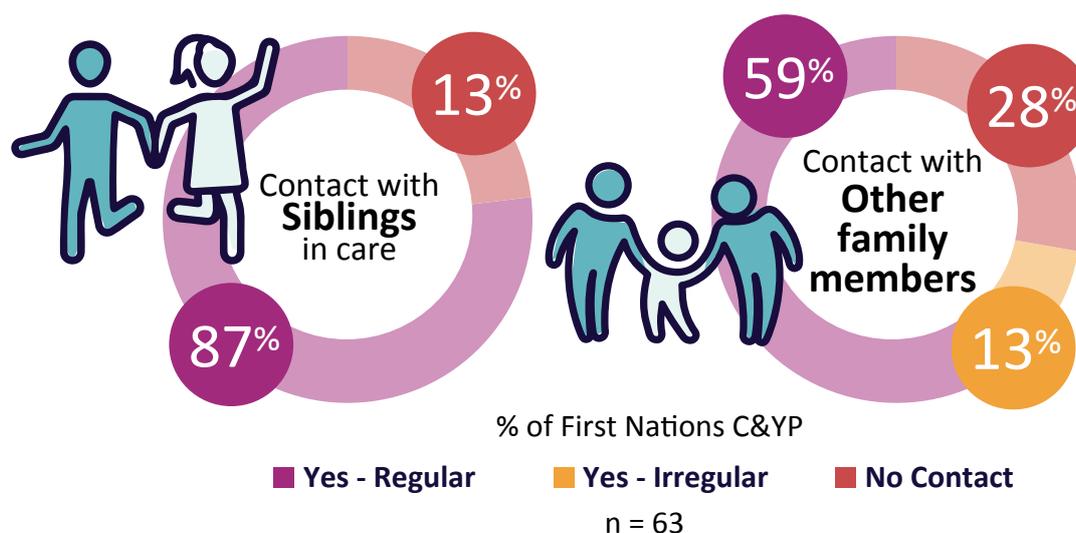
C&YP who wanted to change contact with their siblings explained they either wanted to make contact with their siblings for the first time, increase the frequency of contact with them or they wanted to live with them. The types of contact specified included phone calls and visits. C&YP who wanted to change contact with their other family members explained that they either wanted more regular contact with family members or in one instance, cease contact with a family member.

Details on the C&YP who have reported wanting to change their contact with siblings and/or family members have been provided to program leadership to determine whether increasing the frequency of contact with support from case managers, would be in their best interests and is in line with their individual case plans ([see Recommendations section](#)). It should also be noted that DFFH determine the frequency of contact and in some cases, the contact is less frequent due to these C&YP being on long term non-reunification case plans.

Article 9 of the United Nations Convention on the Rights of the Child (the Convention), promotes children's rights to maintain connections to significant people in their life, unless it would not be in the best interests of the child. This is also reflected in the Standards (Australian Institute of Family Studies (AIFS) 2018). Maintaining relationships with family members is important to the development of a child or young person's identity as well as their feeling of belonging in the world (Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA) & National Framework Implementation Working Group (NFIWG) 2011).



Figure 22 – Percentage of First Nations C&YP who have *contact* with family members, October 2020 to March 2021



The Aboriginal and Torres Strait Islander Child Placement Principle (ATSICPP) requires that C&YP who are placed with non-First Nations carers maintain connections to their family, community and cultural identity (Secretariat of National Aboriginal and Islander Child Care (SNAICC) 2017).

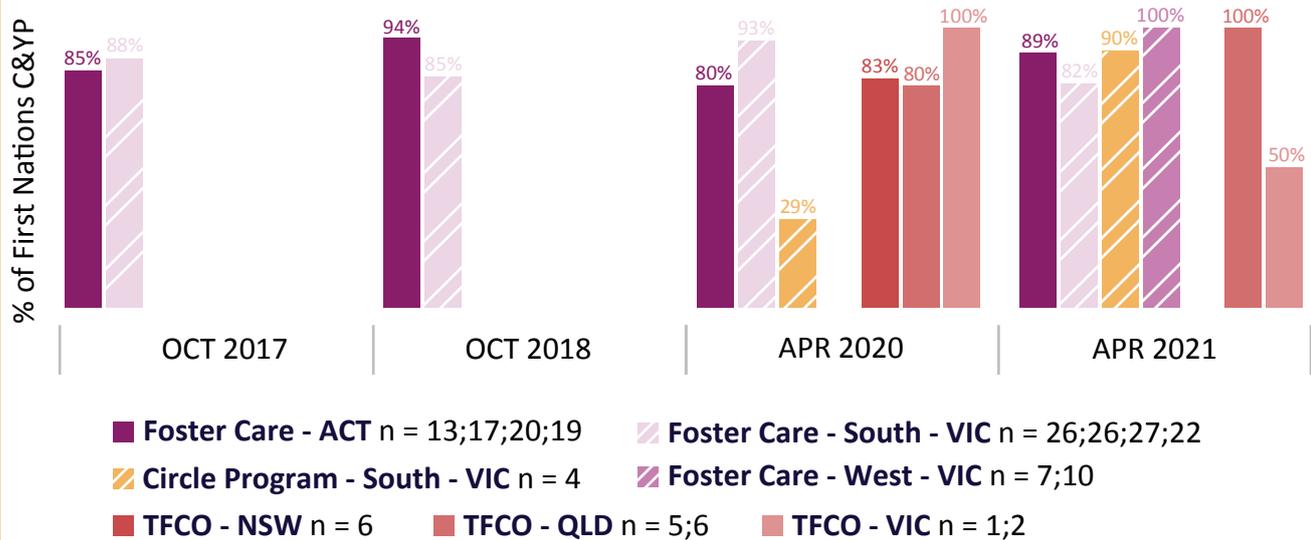
The First Nations Cultural Connections Review identified that 87 per cent of C&YP had regular contact with their siblings in care (see *Figure 22*). Eight C&YP did not have regular contact with their siblings in care. The barriers to regular contact included difficulty in locating siblings, the child or young person declining contact with their siblings, distance due to Covid-19 restrictions or challenges with another agency. In this context, regular contact ranged from fortnightly up to yearly and was either face-to-face and/or virtual.

59 per cent of First Nations C&YP had regular contact with their families and 13 per cent had contact with their family less frequently than yearly (see *Figure 22*). These percentages exclude siblings in care. Family members included parents, grandparents, cousins, aunts/uncles and other extended family members or kin. There were 18 C&YP that did not have contact with any of their family members. Program staff advised this was commonly due to the risks associated with contact with family members, the child/young person declining contact with family members, family members being unknown or family members being uncontactable/declining to engage.



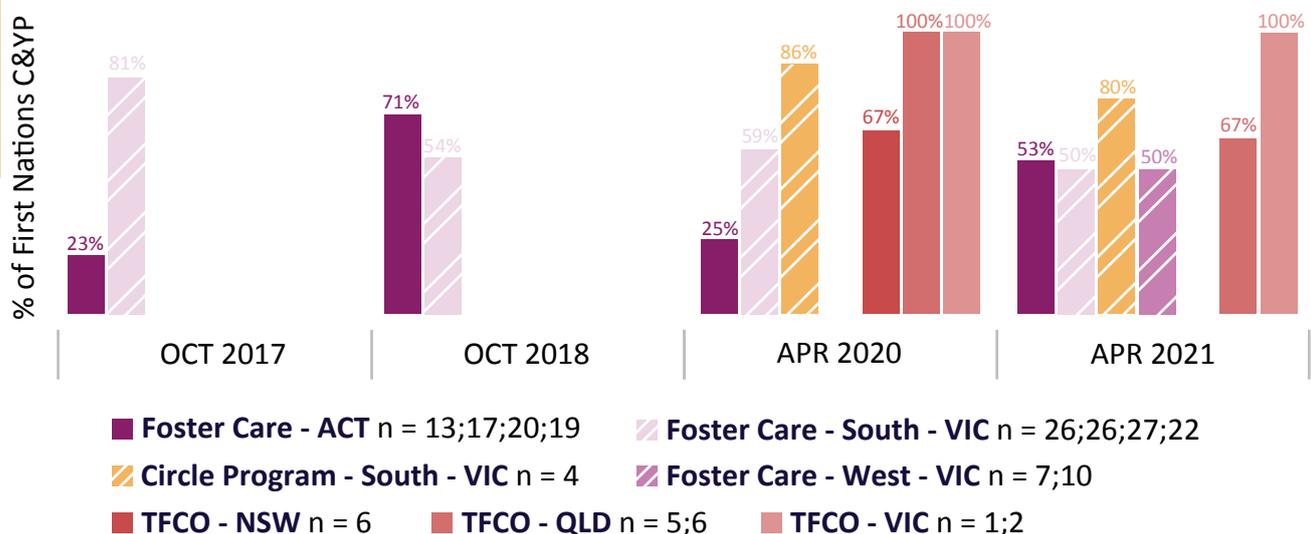
For most programs, the percentage of First Nations C&YP who had regular contact with their siblings in care has increased since 2020 (see *Figure 23*). However, there has been a decrease in the percentage of C&YP in Foster Care – South and TFCO – VIC that have regular contact with their siblings in care.

Figure 23 – Percentage of First Nations C&YP with regular contact with Siblings in Care as reported by Case Managers/Therapists, 2017-2021



All First Nations C&YP in TFCO – VIC had regular contact with their family members (excluding siblings in care) (see *Figure 24*). Most other programs had a decline to the percentage of First Nations C&YP who had regular contact with family members (excluding siblings in care) since 2020. First Nations C&YP in Foster Care – ACT had an increase in the percentage of C&YP who had regular contact with family members. However, the current rate is similar to Foster Care – VIC’s current rate.

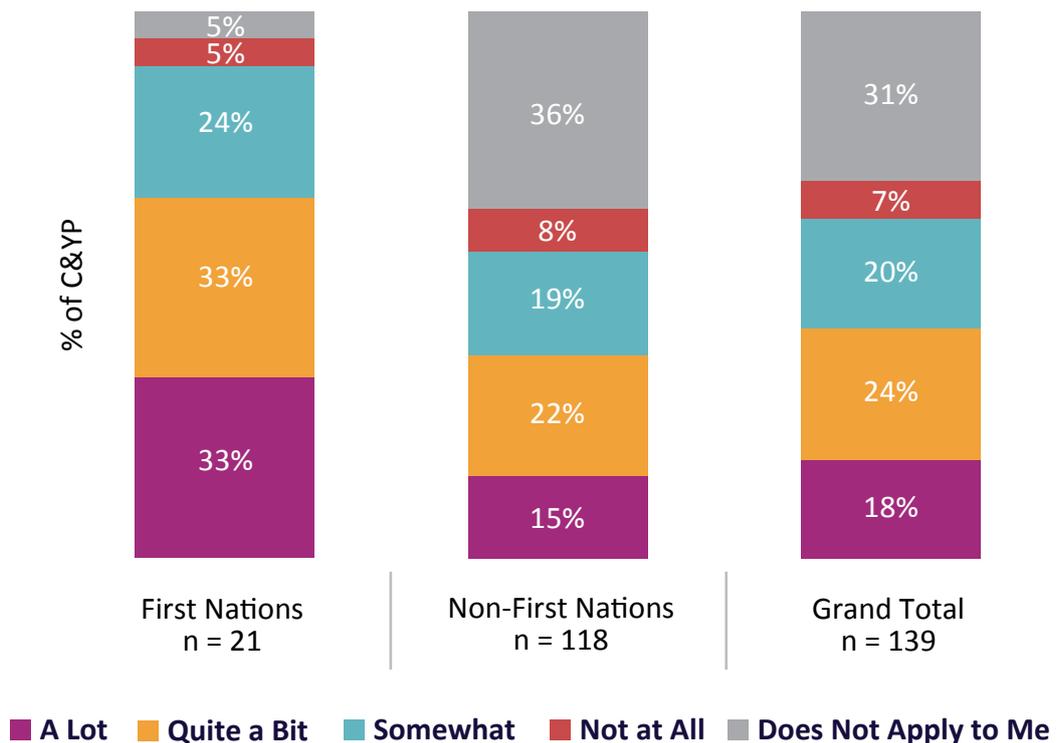
Figure 24 – Percentage of First Nations C&YP with regular contact with Family Members as reported by Case Managers/Therapists, 2017-2021



3.5 Children and young people are supported to develop their identity, safely and appropriately, through contact with their culture and communities and have their life history recorded as they grow up

3.5.1 The proportion of children and young people who feel connected with their culture and the community in which they live

Figure 25 – Percentage of C&YP who *feel* in touch with their culture and community, March 2021



CREATE (2018) identified that approximately one third of First Nations respondents felt strongly connected to their culture and community, and one third reported little connection. OzChild’s results indicate that 33 per cent of First Nations C&YP felt ‘A Lot’ in touch with their culture, which is aligned with CREATE’s national rates. This rate has improved by 12 per cent since March 2020. Whereas only 15 per cent of non-First Nations C&YP felt ‘A Lot’ in touch with their culture and community. This rate has fallen by 12 per cent since March 2020.

31 per cent of OzChild’s First Nations respondents stated they felt ‘Somewhat’ or ‘Not at All’ in touch, which is also comparable with the national rates. Additionally, 27 per cent of non-First Nations C&YP felt ‘Somewhat’ or ‘Not at All’ in touch with their culture and community. There was a total of 10 C&YP who felt ‘Not at All’ in touch with their culture and community. These C&YP identified as being from various cultural backgrounds including Australian, Asian, European, Samoan and Aboriginal, and they were from either Kinship Care – First Supports, Circle Program and Foster Care (refer to [Appendix 2](#) for breakdown by program). Program leadership will investigate this further and determine strategies for improving C&YP’s connection to their culture and community ([see Recommendations section](#)).

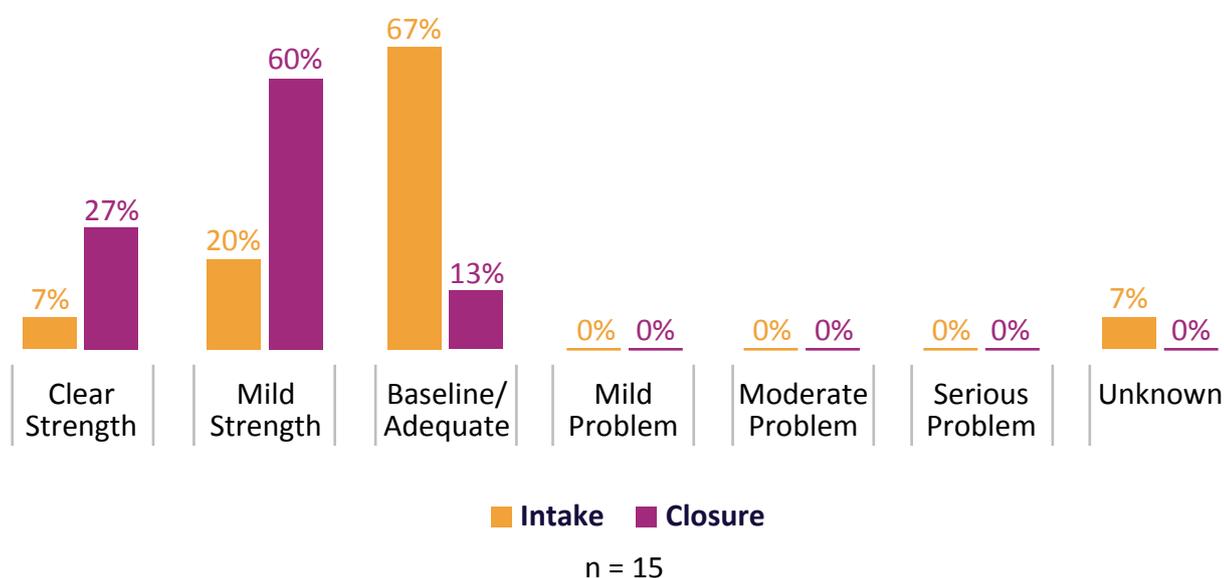
36 per cent of non-First Nations (43 C&YP) and five per cent (one child) of First Nations C&YP believed the question did not apply to them. The majority of these C&YP were in Kinship Care - Case Contracting (60 per cent of respondents in the program) and TFCO (43 per cent of respondents in the program) (refer to [Appendix 2](#) for breakdown by program). C&YP who believe the question did not apply to them were from the following cultural backgrounds: Australian, Australian/European and Aboriginal. Seven of these C&YP said they did not know what their cultural background is, and one child stated they did not identify with any particular cultural background. In this year's CYPFS, culture and community were further clarified with program staff prior to them administering the survey and within the survey itself by noting a clarifying question below the survey question, do you attend/participate in your cultural, religious and/or community activities and events, and observe traditions?

Detailed Findings



3.5.2 The proportion of children and young people who are connected with their culture and the community in which they live

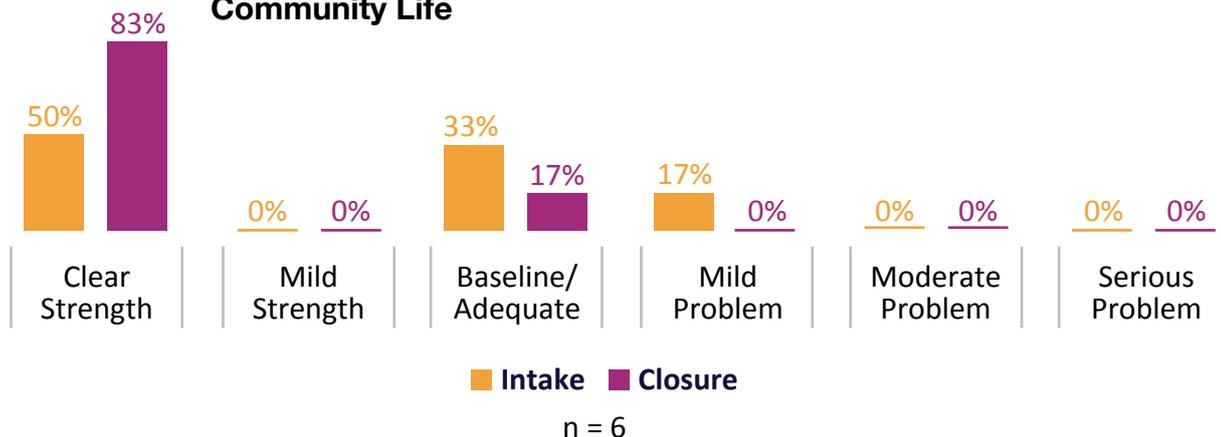
Figure 26 – Percentage of First Supports families with *improvements* to Social and Community Life



The NCFAS was used by two programs (Kinship Care – First Supports and TFCO) to assess improvements to overall social and community life. Only families in the TFCO program who completed the service, and had an assessment undertaken at both intake and closure, were included in the below analysis. For Kinship Care – First Supports, this included families who exited the program after 12 months (due to funding) and had an assessment undertaken at both intake and closure.

There are 15 families within Kinship Care – First Supports who had NCFAS assessments undertaken at intake and closure of the program. Although no families had problem ratings at intake, there were improvements to families’ social and community life. Prior to intervention, 27 per cent of families had a mild or clear strength rating (see *Figure 26*). This increased to 87 per cent at program closure. Review of a sample of cases with program staff identified that improvements to overall social and community life could be attributed to referrals to extracurricular activities and school programs, supporting the carer to move the child/young person to a local school and encouraging carers to work locally and engage C&YP with local community activities.

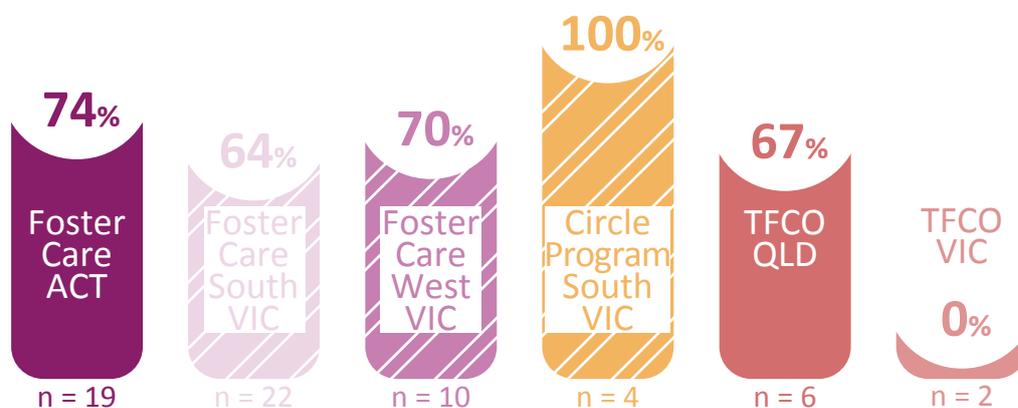
Figure 27 – Percentage of TFCO families with *improvements* to Social and Community Life



There are six families within TFCO who had NCFAS assessments undertaken at intake and closure of the program. Prior to intervention, 17 per cent of families had a mild problem rating and 33 per cent had a baseline/adequate rating (see *Figure 27*). By program closure, all families had either a baseline/adequate (17 per cent) or clear strength rating (83 per cent).

Review of a sample of cases with program staff identified that improvements to overall social and community life could be attributed to the therapists working with parents to remove negative social relationships and improve relationships with C&YP’s schools.

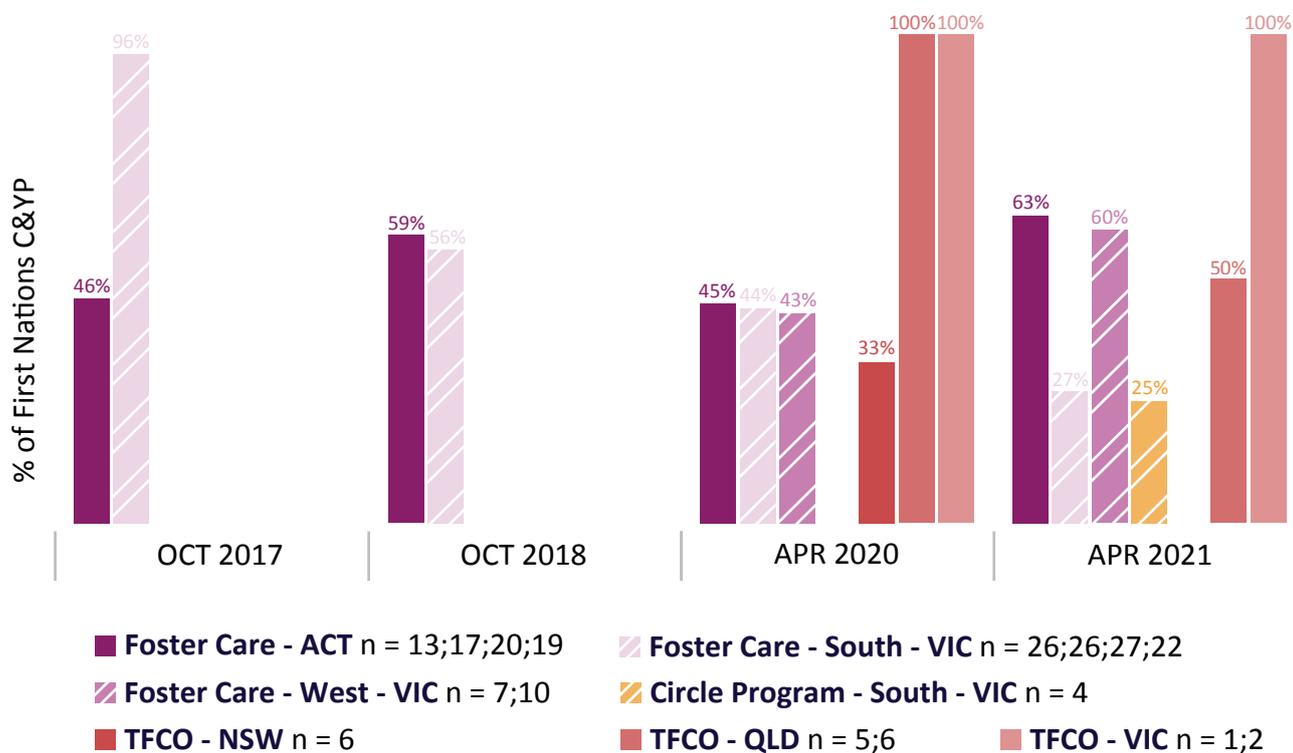
Figure 28 – C&YP’s participation in weekly Aboriginal *activities* within the home, October 2020 to March 2021



The First Nations Cultural Connections Review conducted during March 2021 identified that 68 per cent of First Nations C&YP participated in weekly Aboriginal activities in their homes between October 2020 and March 2021. 2021 was the first year the First Nations Cultural Connections Review assessed whether C&YP participated in weekly Aboriginal activities within the home. Program staff advised that the remaining 20 C&YP did not participate in weekly activities because they either declined to participate or there were challenges with the carer.

There were an additional three C&YP who participated in Aboriginal activities in the home, however, less frequently than weekly. It is recommended that programs continue to promote the importance of C&YP’s participation in regular Aboriginal activities, including addressing any challenges with carers ([see Recommendations section](#)).

Figure 29 – C&YP’s monthly attendance at Aboriginal *community* gathering events or activities outside the home, March 2021

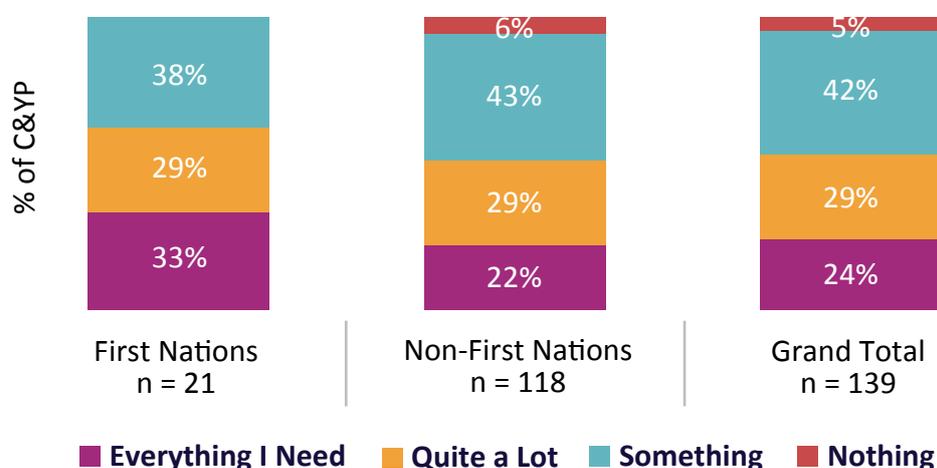


48 per cent of First Nations C&YP participated in at least six community gathering activities and/or events between October 2020 and March 2021. There have been no changes to this rate since April 2020. However, there has been a decline in the percentage of First Nations C&YP in Foster Care – South VIC who have attended monthly Aboriginal community gathering events or activities outside of the home since April 2020. Program staff advised the remaining 28 C&YP did not attend regular community gathering activities and/or events primarily due to the following reasons: minimal events in the local area due to Covid-19 restrictions, child/young person had declined to attend events or the distance to the events. There were also four C&YP that had been with OzChild for less than three months.

Maintaining connections to culture and community will help First Nations C&YP to develop their identity, feel connected to their culture and develop their spirituality (FaHCSIA & NFIWG 2011).

3.5.3 The proportion of children and young people who have knowledge of their family history, background and traditions

Figure 30 – Percentage of C&YP who have *knowledge* of their birth family, March 2021



62 per cent of First Nations C&YP and 51 per cent of non-First Nations C&YP knew ‘Everything they Need’ or ‘Quite a Lot’ about their birth family (i.e. family history, background and traditions). Both rates have increased since March 2020 by 21 per cent and nine per cent respectively. The highest percentage of C&YP reporting that felt they knew ‘Everything they Need’ or ‘Quite a Lot’ about their family history, background and traditions were in TFCO (72 per cent) (refer to [Appendix 2](#) for a breakdown by program). This could be attributed to the program’s aim of reunifying C&YP with their families. Therefore, there is contact with family during this transitional time.

There were no First Nations C&YP and six per cent of non-First Nations C&YP who knew nothing about their family history, background and traditions. Of the seven C&YP who reported knowing nothing about their birth family, six of them were in placement for over two years and were from various age groups. Of these seven C&YP, six of them had an Australian cultural background and one was Samoan. These C&YP were involved in either Kinship Care - Case Contracting, Kinship Care – First Supports, Circle Program or Foster Care (refer to [Appendix 2](#) for a breakdown by program). Program management advised that in some cases there were challenges in getting information from either one or both sides of the family. They also believed that some C&YP may have not understood aspects of the survey question (how much do you know about your birth family? (i.e. history, background and traditions)).

There is a need to continue to enhance processes for ensuring that C&YP have knowledge of their family history, background and traditions. Particularly, in Foster Care, Circle Program and Kinship Care – First Supports where at least 50 per cent of survey respondents stated that they knew ‘Something’ or ‘Nothing’ about their family history, background and traditions. It is recommended that case managers consult with C&YP who have reported knowing ‘Nothing’ to understand how they can be supported to increase their knowledge ([see Recommendations section](#)). It could also be useful to capture data in the client management system, that indicates whether C&YP have been provided information on their birth family and when this occurred.

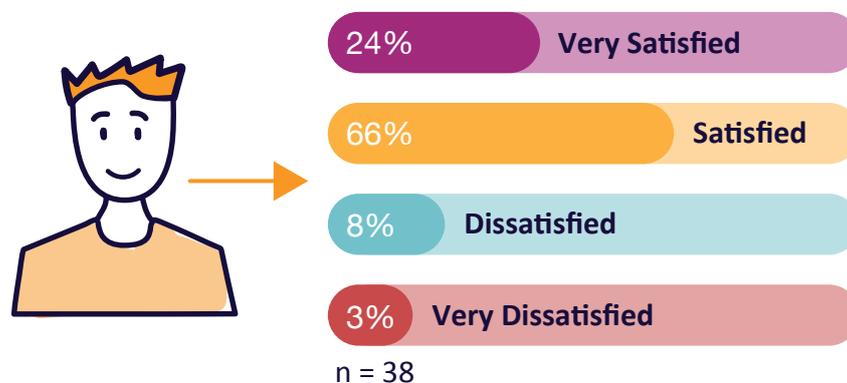
3.6 Children and young people are supported supported in planning for leaving care

3.6.1 The proportion of children and young people who feel they are supported in planning for leaving care

Figure 31 – Percentage of YP who feel they are *involved* in their leaving care plan and arrangements, March 2021



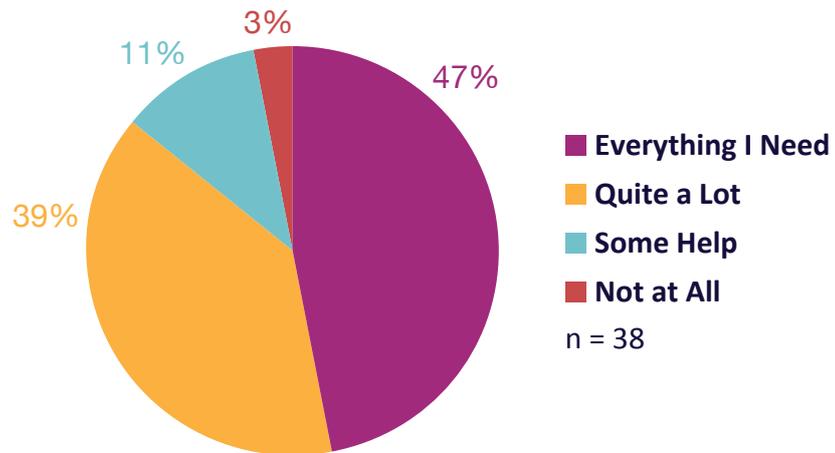
Figure 32 – Percentage of YP who are *satisfied* with their leaving care plan and arrangements, March 2021



Note: Some figures do not add up to 100 per cent due to rounding when percentages don't equal 100%

55 per cent of young people aged 15-17 years old felt they were involved with their leaving care plan and arrangements (see *Figure 31*). This is a 26 per cent decline from March 2020. However, it should be noted that 12 more young people participated in the CYPFS than last year. 17 young people either reported they don't feel involved in their leaving care plan and arrangements (four in Foster Care and one in Kinship Care - Case Contracting) or that they didn't know if they were involved (seven in Kinship Care - Case Contracting, two in Circle Program, two in Foster Care and one in Kinship Care - First Supports). Of the 17, two were at a functional age group that was below 15-17 years. The survey questions from *Figures 32* and *33* were additional questions in this year's survey. Although the rate of young people feeling involved was low, 90 per cent of young people (aged 15-17 years) surveyed were either 'Very Satisfied' or 'Satisfied' with their leaving care plan and arrangements (see *Figure 32*). Of the four young people that were 'Very Dissatisfied' or 'Dissatisfied', three of them stated that they either were not sure what was happening or what their options were when they left OOHC. One young person was dissatisfied about not seeing their OzChild workers after leaving care.

Figure 33 – Percentage of YP who feel they get *enough* help to make decisions about their future, March 2021



86 per cent of young people aged 15-17 years old felt that they get ‘**Everything they Need**’ or ‘**Quite a Lot**’ of help with decision making about their future (see *Figure 33*). Five young people indicated that they either get ‘**Some Help**’ or ‘**No Help at All**’. These young people had been on their current placement for varying lengths of time and were from different programs (excluding TFCO).

The 21 young people who felt they were involved in their leaving care plan and arrangements, were either ‘**Very Satisfied**’ or ‘**Satisfied**’ with their leaving care plan and arrangements, and primarily felt that they got enough help to make decisions about their future. Four of the five C&YP who were not involved in their leaving care plan and arrangements were ‘**Very Dissatisfied**’ or ‘**Dissatisfied**’ with it. These five young people got at least ‘**Some Help**’ to make decisions about their future. The above information has been provided to program leadership for further investigation ([see Recommendations section](#)).



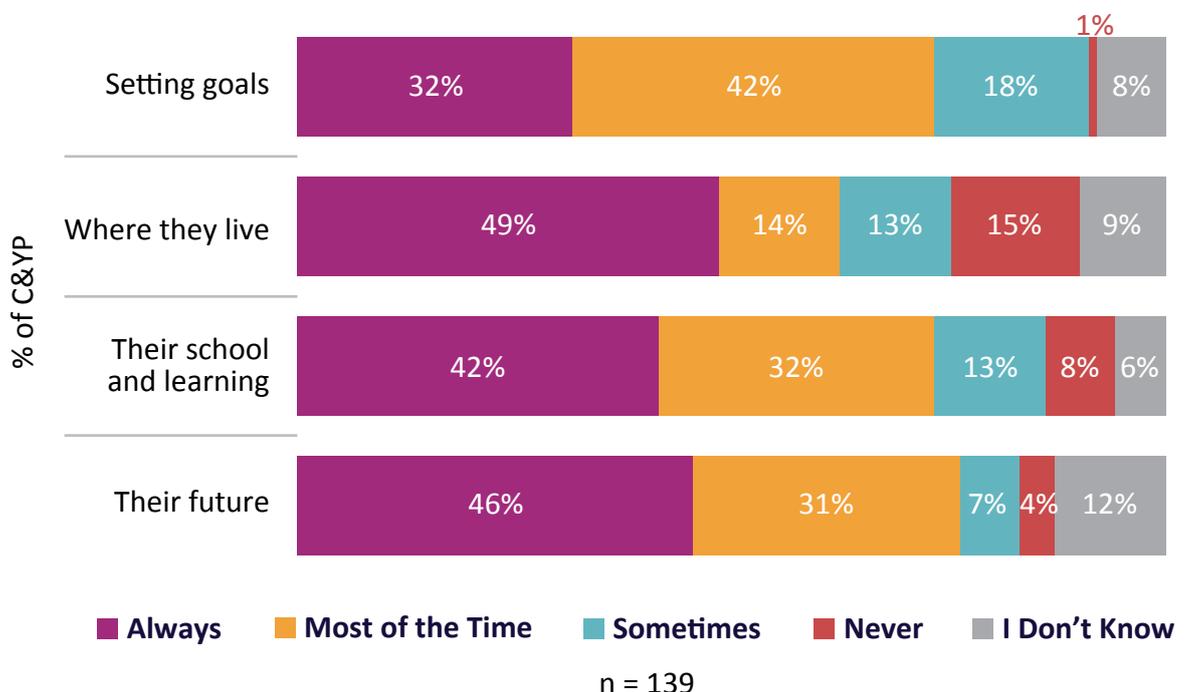
3.7 Children and young people participate in decisions impacting their lives

3.7.1 The proportion of children and young people who report that they have opportunities to have a say in relation to:

- setting goals
- where they live
- school and learning
- their future
- leaving care plan and arrangements

Article 12 of the Convention requires that C&YP are provided the opportunity to participate in decisions that affect them. As a result of their vulnerability, C&YP in OOHC often become passive recipients of what the system can deliver to them (Mitchell 2016). OzChild recognises that C&YP have invaluable insights about their experiences in OOHC and how their needs can be met. Their insights have been captured through the CYPFS.

Figure 34 – Frequency of C&YP who participated in decision making, March 2021



In the 2018 AIHW study, two in three C&YP (66 per cent) reported that they usually (i.e. ‘All of the Time’ and ‘Most of the Time’) are given the opportunity to have a say in what happens to them. Results in *Figure 34* are comparable with the 2018 AIHW study. However, the 2018 AIHW study was broader and focused on whether C&YP had opportunities to have a say in relation to decisions that have an impact on their lives, and that they feel listened to.

Participants in OzChild's CYPFS mostly participated in decisions relating to their future (76 per cent) and least frequently participated in decisions about where they live (62 per cent). 68 per cent of respondents in the 2018 CREATE study felt they could have a say in decisions at least 'Reasonably often', mostly about their education and family contact and less often about placement decisions (McDowall 2018).

The 2021 CYPFS identified there has been an increase in the percentage of C&YP who feel like they participate in setting goals (eight per cent), their school and learning (11 per cent) and their future (11 per cent). Although there has been an increase since March 2020, there is still a considerable number of C&YP who feel like they only 'Sometimes', or 'Never' participate in decision making in relation to setting goals (18 per cent), where they live (29 per cent), school and learning (22 per cent) and their future (10 per cent). In line with the CREATE survey, a higher percentage of C&YP felt like they 'Never' participated in decision making in relation to where they live (i.e. placement decisions) (McDowall 2018).

Further analysis identified that there were more older survey participants who felt that they participated in decision making. For example, between 80-90 per cent of C&YP aged 15-17 stated that they 'Always' or 'Most of the Time' participated in decision making, compared with 30-60 per cent of C&YP aged 8-10. This is aligned with the CREATE study results.

Results also indicate that a higher percentage of C&YP in Kinship Care - First Supports (31 per cent) and TFCO (43 per cent) feel they 'Never' participate in decision making in relation to where they live, in comparison with the other IHC programs (Refer to [Appendix 2](#) for a breakdown by program). In TFCO, this is more apparent in QLD (five out of six C&YP). Additionally, 48 per cent of C&YP who felt they 'Never' participate in decision making in relation to where they live were in the 8-10 age group and 38 per cent were in the 11-14 age group. Program leadership advised this could be due to younger children's limited understanding of the process around decision-making or the literal interpretation of the question (i.e. they understood where they live to be the geographic location). The question wording will be reviewed, and updates will be considered. Program leadership will also investigate this further to determine how the question was interpreted and therefore how it can be addressed ([see Recommendations section](#)).

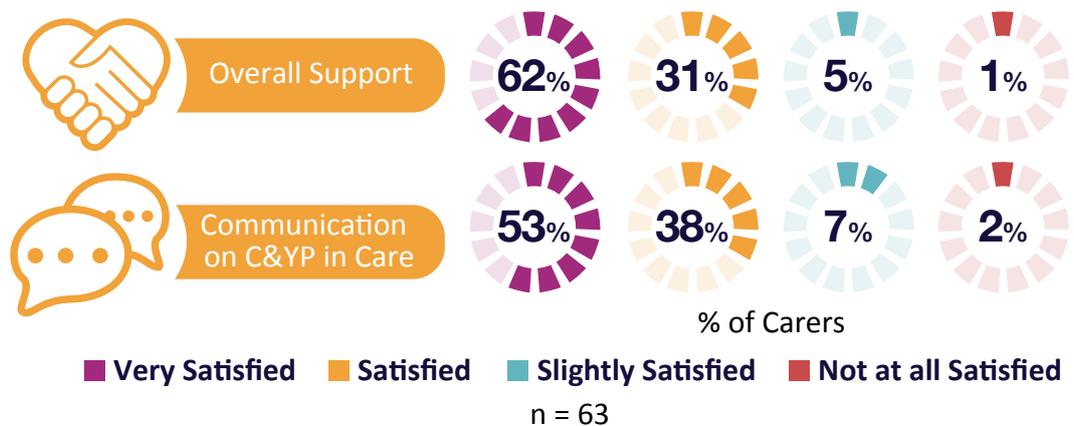
A supportive relationship with a caseworker/therapist and whether the C&YP feel "heard" when expressing their views are factors that can contribute to improving C&YP's participation in decision-making (McDowall 2018; van Bijleveld et al. 2015).

3.8 Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care

3.8.1 The proportion of foster carers and kinship carers who report that they feel satisfied with OzChild’s:

- overall support
- training
- communication

Figure 35 – Carer satisfaction with OzChild’s Overall Support and Communication, March 2021



Note: Some figures do not add up to 100 per cent due to rounding when percentages don't equal 100%

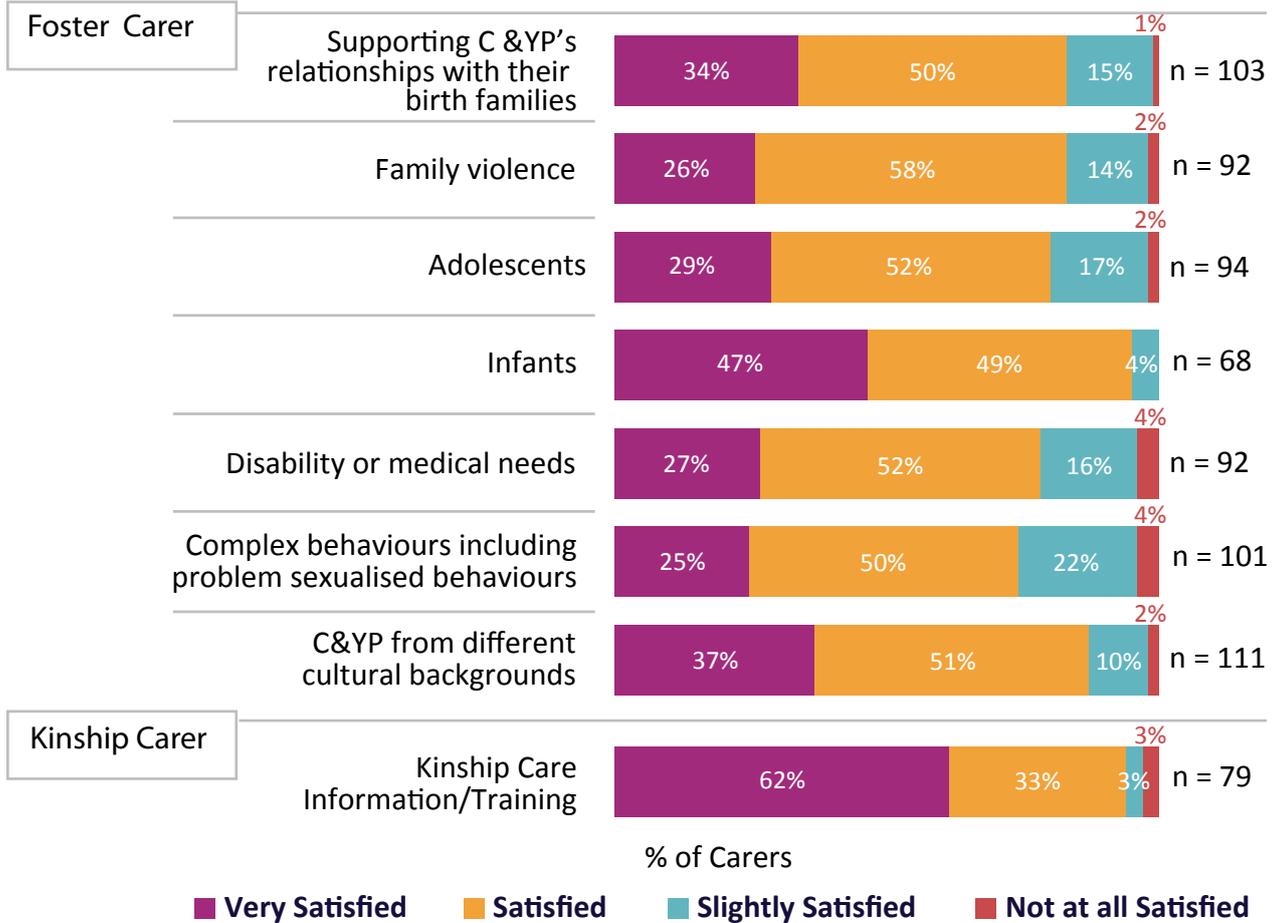
The indicators under this outcome have been aligned with the foundations (support, communication, relationship and respect) of OzChild’s Thriving Families Carer Strategy (the Strategy). The purpose of the Strategy is to provide exceptional home-based care for C&YP to thrive by empowering and supporting carers. It should be noted that not all Carer Feedback Survey responses were analysed for this report. This report only focused on some key questions relating to the foundations.

Satisfaction with overall support, one of the foundations, has been measured over the past five years. However, 2021 is only the second year that the Carer Feedback Survey has captured carers’ satisfaction with OzChild’s communication, training and their overall relationship with OzChild.

93 per cent of carers were ‘Very Satisfied’ or ‘Satisfied’ with the overall support (e.g. responsiveness, follow through in a timely manner, emotional support) provided by OzChild (see Figure 35). This is a 17 per cent increase from March 2020. Feedback from carers who felt less than satisfied, indicated that this was primarily due to impacts of staff turnover, staff being unresponsiveness and the timeliness of follow through.

91 per cent of carers were ‘Very Satisfied’ or ‘Satisfied’ with the communication on C&YP in their care (e.g. contact arrangements, meetings, transport, case planning) (see Figure 35). This is an eight per cent increase since March 2020. Feedback from carers that felt less than satisfied, indicated this was primarily due to the same reasons as mentioned above in relation to overall support. Additionally, some carers would like to receive more frequent updates about C&YP in their care such as access visits and contact arrangements.

Figure 36 – Carer *satisfaction* with OzChild’s Training, March 2021



Note: Some figures do not add up to 100 per cent due to rounding when percentages don't equal 100%

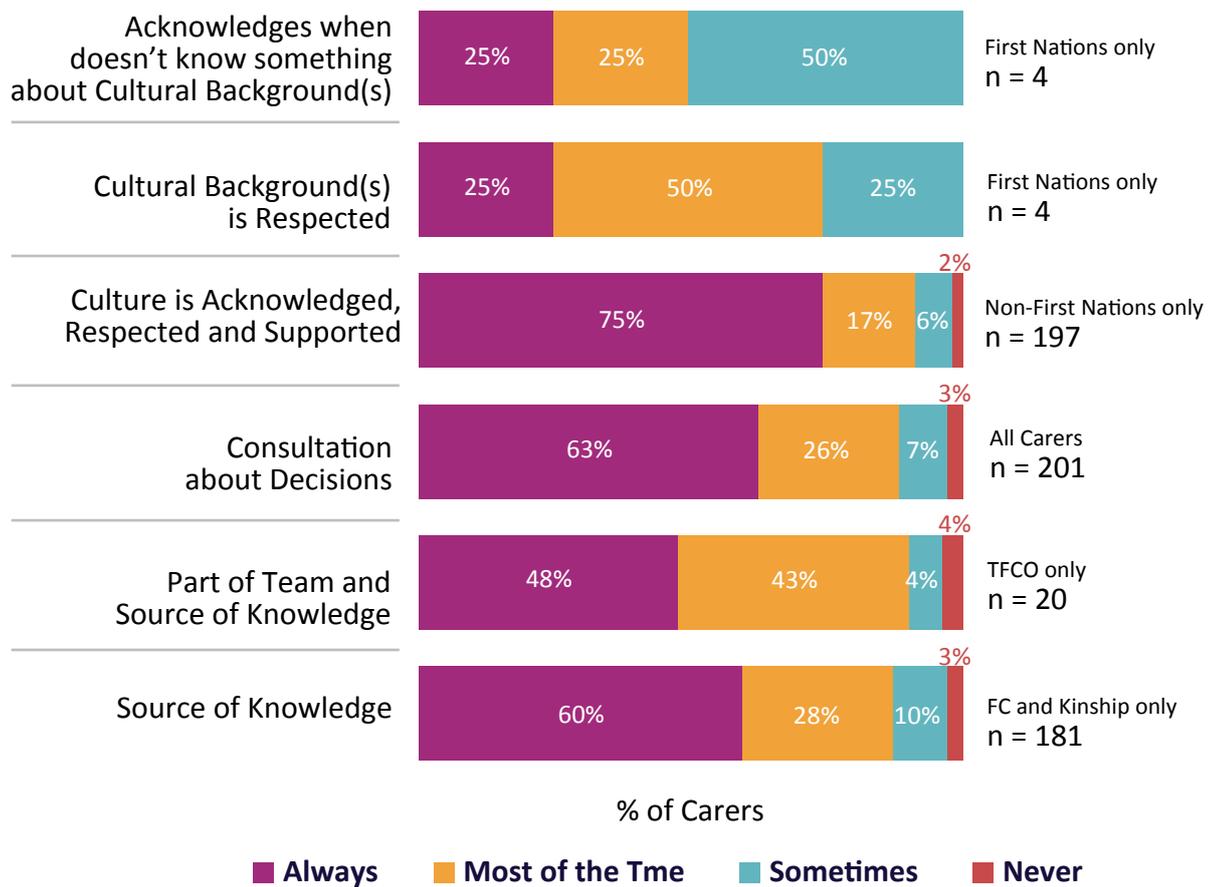
Results from the 2021 Carer Feedback Survey indicate that 95 per cent of kinship carers were ‘**Very Satisfied**’ or ‘**Satisfied**’ with the information provided by OzChild to support them to meet the needs of C&YP in their care (see *Figure 36*). There were 79 kinship carers who completed the survey in 2021. This is a 12 per cent increase since March 2020.

84 per cent of foster and TFCO carers were ‘**Very Satisfied**’ or ‘**Satisfied**’ with the various types of training offered by OzChild. The percentages varied between 74 per cent to 96 per cent depending on the type of training (see *Figure 36*). There were 122 foster, circle program and TFCO carers that completed the survey. Carers that selected not applicable were removed from the analysis to enable comparison of levels of satisfaction between the various types of training. Carers who were satisfied suggested that training was informative, frequent, accessible and in an appropriate format. Carers (between one to four in each category) who were ‘**Not at all Satisfied**’ with training was primarily due to training sessions not being offered after hours, challenges with internet connection preventing attendance at online training sessions and/or not being offered training. Some carers suggested that training on carer responsibilities, C&YP’s physical health, navigating orders, trauma and attachment, developing supportive relationships between birth families and foster carers would be helpful. Additionally, they stated that it would be helpful to have advanced training options, rather than just entry level (see [Recommendations section](#)). In 2020, there was a slightly higher percentage (86 per cent) of foster and TFCO carers that were ‘**Very Satisfied**’ or ‘**Satisfied**’ with the training provided by OzChild to support them to meet the needs of C&YP in their care. However, in 2020, the question was broad and was not broken down into the various types of training as in the 2021 survey.

3.8.2 The proportion of foster carers and kinship carers who feel:

- respected by OzChild
- satisfied with their overall relationship with OzChild

Figure 37 – Percentage of carers who *feel* respected by OzChild, March 2021



Respect was broken down into six different questions in the Carer Feedback Survey as depicted in *Figure 37*. The survey considered respect in relation to:

- the acknowledgement from OzChild when they didn't know something about carers' cultural background (50 per cent of First Nations carers felt there was 'Always' or 'Mostly' acknowledgement)
- their cultural background being respected (75 per cent of First Nations carers felt their culture was 'Always' or 'Mostly' respected)
- the acknowledgement, respect and support of carers' family's culture (92 per cent of Non-First Nations carers felt their culture was 'Always' or 'Mostly' respected)

- consultation about decisions that may affect the carer, C&YP and/their family (89 per cent of carers felt that they were ‘Always’ or ‘Mostly’ consulted)
- the carer feeling as though they are part of a team and referred to as a source of knowledge about the needs of the child or young person (91 per cent of TFCO carers felt ‘always’ or ‘mostly’)
- the carer feeling as though they are referred to as a source of knowledge about the needs of the child or young person (88 per cent of foster and kinship carers felt ‘Always’ or ‘Mostly’, excluding TFCO carers)

There were four First Nations carers who responded to the survey. The remaining 197 carers were from various other cultural backgrounds. Some of the carers that responded they were not consulted about decisions that may affect themselves, the child/young person and/or their family, also indicated that their culture was not acknowledged, respected or supported (four of seven) and that they were not referred to as a source of knowledge about the needs of the children and/or young people in their care (five of seven).

Figure 38 – Percentage of carers who were *satisfied* with their overall relationship with OzChild, March 2021



95 per cent of carers were either ‘Very Satisfied’ or ‘Satisfied’ with their overall relationship with OzChild (see Figure 38). This is an eight per cent increase since March 2020. The two carers that were ‘Not at all Satisfied’ about their relationship with OzChild, also felt that they were not consulted about decisions that may affect themselves, child/young person and/or their family, that their culture was not acknowledged, respected or supported and that they were not referred to as a source of knowledge about the needs of the children and/or young people in their care. These carers were primarily not satisfied with staff turnover and the impact on their family as well as the high frequency of home visits.

As this report only focused on some key questions relating to the Strategy’s foundations, carer survey responses have been provided to the program managers and Dhiyaan Mirri (responses relating to First Nations carers) to analyse and identify relevant actions to take to improve support, communication, respect and relationships with carers. These actions will be included in the annual Carer Strategy Action Plan.

Recommendations



Recommendations

1. Stability:

a. Update client management system to capture permanency objective and case plan review data.

2. Emotional and Behavioural Well-being:

a. Refer to recommendations 10a and 10b below.

3. Physical Health:

a. Dhiiyaan Mirri should educate program staff and carers on the 715 Aboriginal and Torres Strait Islander Health Check requirements (Foster Care – ACT and VIC, and TFCO - QLD).

b. Update client management system to capture the 715 Aboriginal and Torres Strait Islander Health Check requirements.

c. Refer to recommendation 10a below.

4. Education:

a. Identify C&YP who are not meeting the minimum Reading and/or Numeracy requirements, advocate for additional supports and ensure that any actions taken to support C&YP are captured in the client management system (prioritise Kinship Care – Case Contracting).

b. Refer to recommendations 10a and 10b.

5. Connection:

a. Identify C&YP who specified that they want to change contact with siblings and/or family members. Discuss contact arrangements with C&YP and assess with Child Protection (or equivalent) whether C&YP's level of contact with family can be increased (prioritise Kinship Care – First Supports and TFCO)

b. Program staff should work with Dhiiyaan Mirri to identify strategies to address barriers for First Nations C&YP having contact with siblings and family members (all programs).

c. Review with Dhiiyaan Mirri to establish if further fields/options can be added to client management system to ensure all relevant information is regularly captured and reviewed.

6. Identity:

a. Identify C&YP who feel 'Somewhat' or 'Not at all' connected to their culture and community. Identify and implement strategies for improving C&YP's connection to their culture and community (prioritise Kinship Care – Case Contracting).

b. Consult with C&YP who have reported knowing 'Nothing' about their birth family to understand how they can be supported to increase their knowledge (all programs except for TFCO). Identify and implement strategies for increasing knowledge about birth families (where applicable). This should be captured in the client management system.

- c. Program staff should work with Dhiyaan Mirri to promote the importance of C&YP's participation in regular Aboriginal community gathering events and activities, including addressing any challenges with carers (all programs).
- d. Utilise existing Plan option in client management system to allow for better tracking of Child Identity goals, i.e. attending community events and train staff on the aforementioned functionality once it is implemented.

7. Leaving Care:

- a. Identify C&YP who don't feel they are involved and/or are less than satisfied with their leaving care plan and arrangements. Discuss leaving care plan and arrangements with them (Foster Care).

8. Participation:

- a. Consult with C&YP who feel they 'Never' participate in decision making relating to where they live. Identify and implement strategies for barriers to participation (all programs except for Circle Program).

9. Carers:

- a. Program leadership will identify actions to address key themes and include them in the Carer Strategy annual action plan.

10. Overall:

- a. Develop and implement a plan to embed a data culture within the organisation. The plan should include but is not limited to the following:
 - i. Monitor output and outcomes data quality (i.e. completeness and accuracy) and rectify any data issues on a regular basis. Ensure that narratives are captured in the client management system where required. Output data includes health, dental and education. Outcomes data includes SDQ, NCFAS and PAT.
 - ii. Create a data quality checking tool that can be used to conduct random file reviews that specifically concentrate on quality of the data, rather than outputs.
 - iii. Additional training and development on use of client management system to improve staff confidence.
- b. Develop and implement a plan to embed an evaluation culture within the organisation. The plan should include but is not limited to the following:
 - i. Deliver outcomes tool training at regular intervals.
 - ii. Develop and implement a process for proactively using outcome tools within programs to enhance practice and ensure that all client needs are addressed. Outcome tools' results should be reviewed, analysed and documented (in the client management system) by programs to understand whether outcomes have been achieved (and what has contributed to a decline, no change or improvement), as well as if any further support should be provided to the client post treatment.
 - iii. Explore the use of PDR for outcomes reporting (TFCO only).
 - iv. Assess the continued use of PAT for measuring reading and numeracy outcomes for C&YP (TFCO only).

Appendix 1

Detailed Methodology

Quantitative

Validated outcomes tools

- Strengths and Difficulties Questionnaire (SDQ) (all programs) – This measure assesses a child or young person’s emotional problems, conduct problems, peer problems and hyperactivity which can be summed to derive a total difficulties score. The SDQ also assesses a child or young person’s prosocial behaviours.
 - For C&YP in Foster Care, Circle Program and Kinship Care - Case Contracting, the SDQ was undertaken at intake, at six-monthly (under 5 years) or yearly (5 and above years) intervals and at closure.
 - For C&YP in Kinship Care - First Supports and TFCO, the SDQ was undertaken at intake and closure.
- PAT (TFCO only) – A series of tests designed to provide objective, norm-referenced information to teachers about their students’ skills and understandings in a range of key areas. The PAT was undertaken at intake and closure.
- North Carolina Family Assessment Scale (NCFAS) (Kinship Care – First Supports and TFCO only) – This measure is used to assess family functioning. In this report, the overall family safety and overall social and community life domain was reviewed. The NCFAS was undertaken at intake and closure.

Outputs

- Placements data (Foster Care – VIC, Circle Program – VIC and TFCO)
- Permanency data (all programs except for Foster Care – ACT and TFCO)
- Program graduation data (TFCO only)
- Attendance at School (all programs except for Foster Care – ACT, Kinship Care – First Supports and Lead Tenant - VIC)
- Numeracy and Literacy minimum requirement achievements (all programs except for TFCO and Foster Care - ACT)
- First Nations Cultural Connections Review (Foster Care – VIC and ACT, Circle Program – VIC and TFCO – QLD and VIC) – The purpose of this review was to determine whether cultural support has been provided to First Nations C&YP in relation to the key Aboriginal well-being domains. This data was collected during March 2021. The domains reviewed within this report include Health (First Nations C&YP who had received a 715 Aboriginal and Torres Strait Islander Health Check within the last 12 months), Culture and Connections (participated in at least six

Aboriginal community gathering events or activities outside of the home over the last six months, participated in weekly Aboriginal activities within the home over the last six months) and Home and Environment (regular contact with First Nations siblings in care and other family members)

Feedback Surveys

- Children and Young People Feedback Survey
 - 139 C&YP aged 8-17 years (60 per cent) from IHC programs (except for Foster Care – ACT) participated in OzChild’s annual CYPFS between 1 March 2021 and 9 April 2021. C&YP in all programs except for in TFCO and Kinship Care - First Supports, were case contracted. C&YP in Foster Care – ACT were not included in this survey as they were surveyed via ViewPoint and only four C&YP completed the survey during the review period. Certain aspects of the survey, that align with the Standards, have been captured in this report. Questions were presented in either a Yes/No (contact with family, leaving care arrangements, adult support person), Likert scale (safety, physical health, connection with culture, family story, participation in decision making).
- Carer Feedback Survey
 - 201 carers from IHC programs (except for Foster Care – ACT) participated in OzChild’s annual Carer Feedback Survey between 1 March 2021 and 9 April 2021 (refer to [Appendix 2](#) for carer participant demographics). This equates to 38 per cent of OzChild’s kinship and foster carers. This year the participation rate is the number of carers who participated in the survey out of the number of carer households. Each carer in the household was given the opportunity to participate in the survey, however in a number of cases, only one carer from the household chose to participate in the survey.

Quantitative

Consultation with program staff and leadership

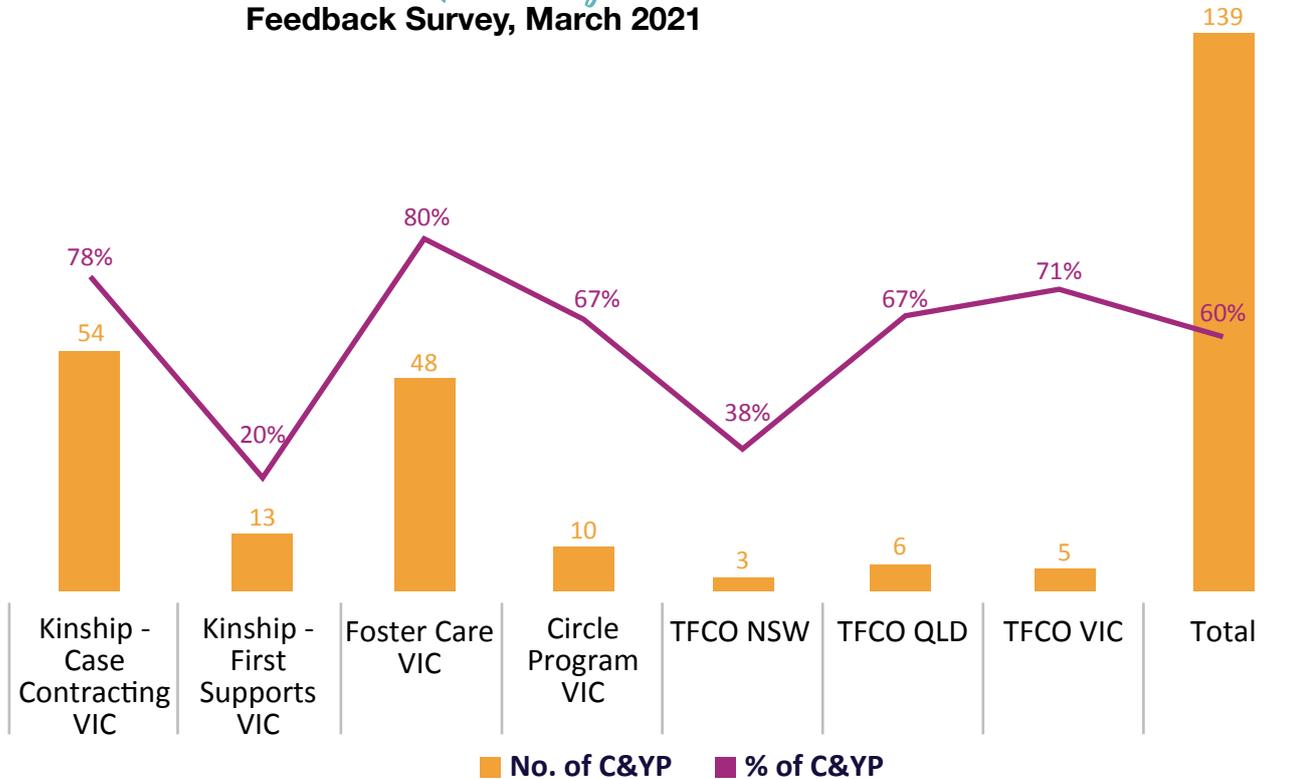
Feedback Surveys

- Children and Young People Feedback Survey
 - There were free text fields where C&YP had the opportunity to provide explanations of survey answers
- Carer Feedback Survey
 - There were free text fields where carers had the opportunity to provide explanations of survey answers

Appendix 2

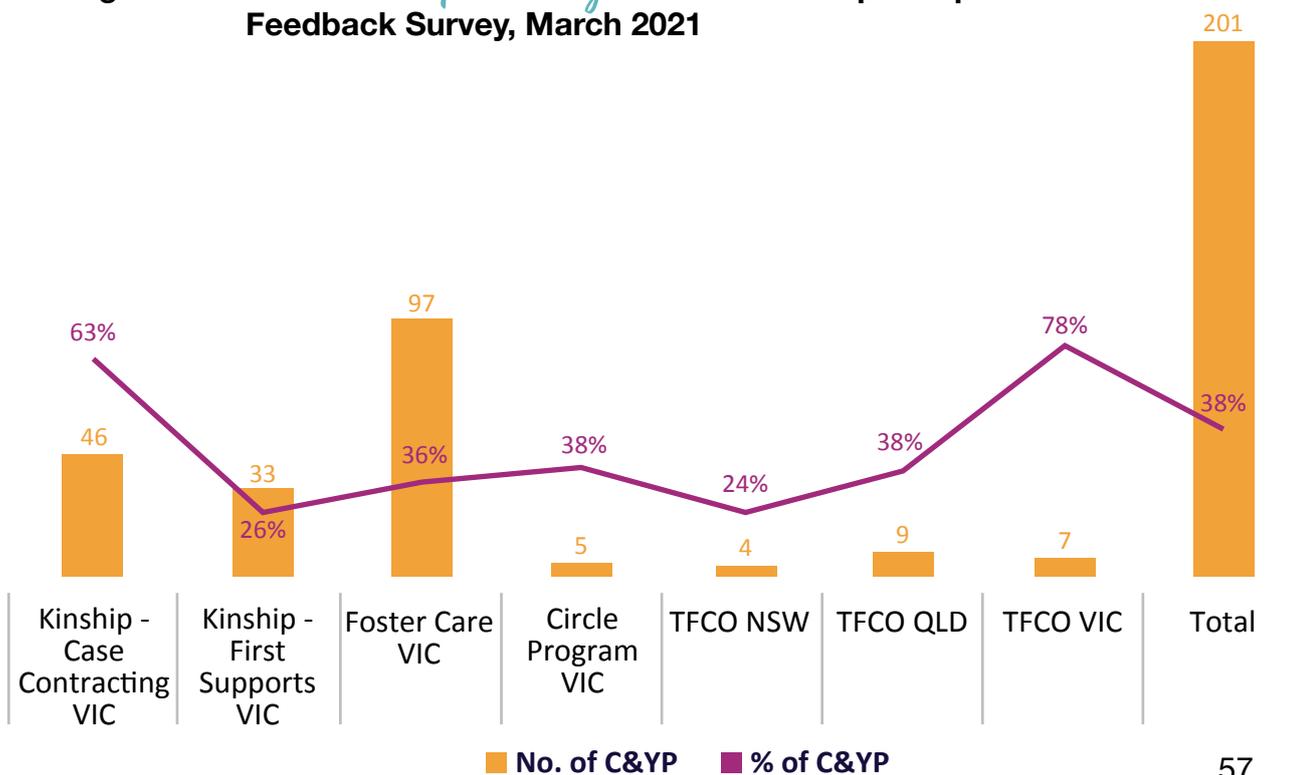
C&YP survey participant demographics

Figure 39 – Number and *percentage* of C&YP who participated in the C&YP Feedback Survey, March 2021



Carer survey participant demographics

Figure 40 – Number and *percentage* of carers who participated in the Carer Feedback Survey, March 2021



Well-being

Children and young people have improved emotional and behavioural development

Table 7 – Number of carers that have *completed* a pre and review/post SDQ for C&YP, by program¹⁴

Program	Approx. no. of C&YP requiring an SDQ	No. of SDQs completed by Carers
Kinship Case Contracting Service - VIC	100	8
Kinship First Supports - VIC	80	41
Circle Program - VIC	15	0
Foster Care - VIC	171	5
TFCO - NSW	14	5
TFCO - QLD	7	2
TFCO - VIC	6	6
TOTAL	393	67

Appendix 2



¹⁴ This includes all C&YP in Foster Care, Circle Program and Kinship Case Contracting who have been in a program for at least 12 months during the reporting period. It also includes all C&YP in Kinship – First Supports who had been in the program for at least six months and C&YP in TFCO who had graduated from the program during the reporting period.

Children and young people are supported to safely and appropriately maintain connection with family

Figure 41 – C&YP who want to change something about contact with their *siblings* by program, March 2021

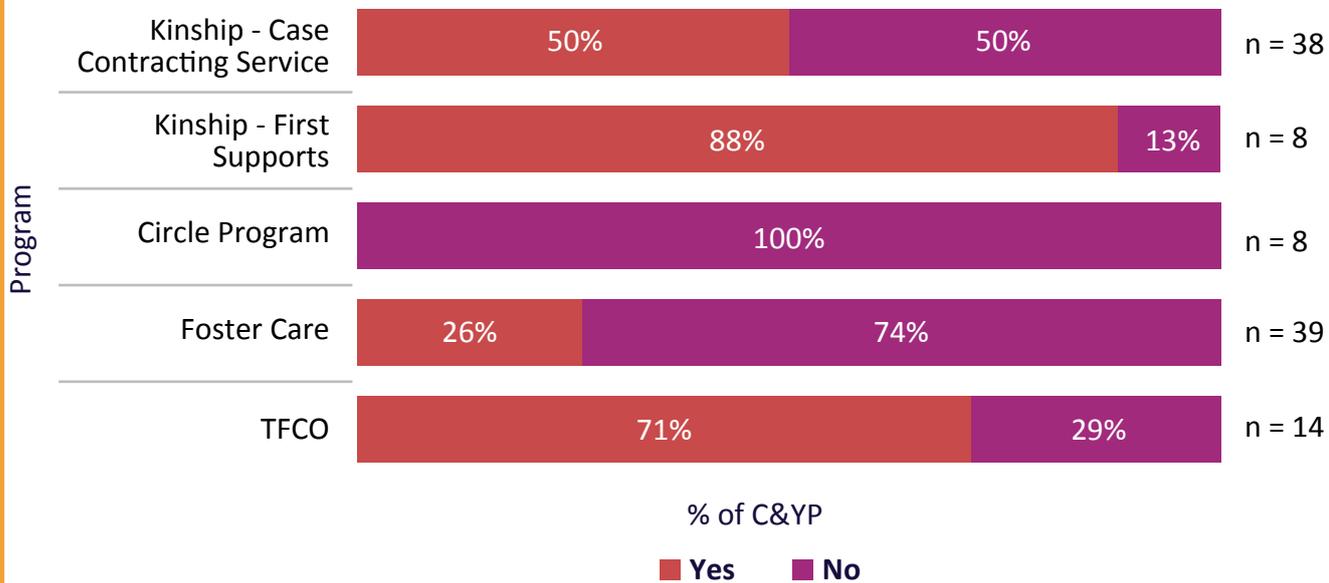
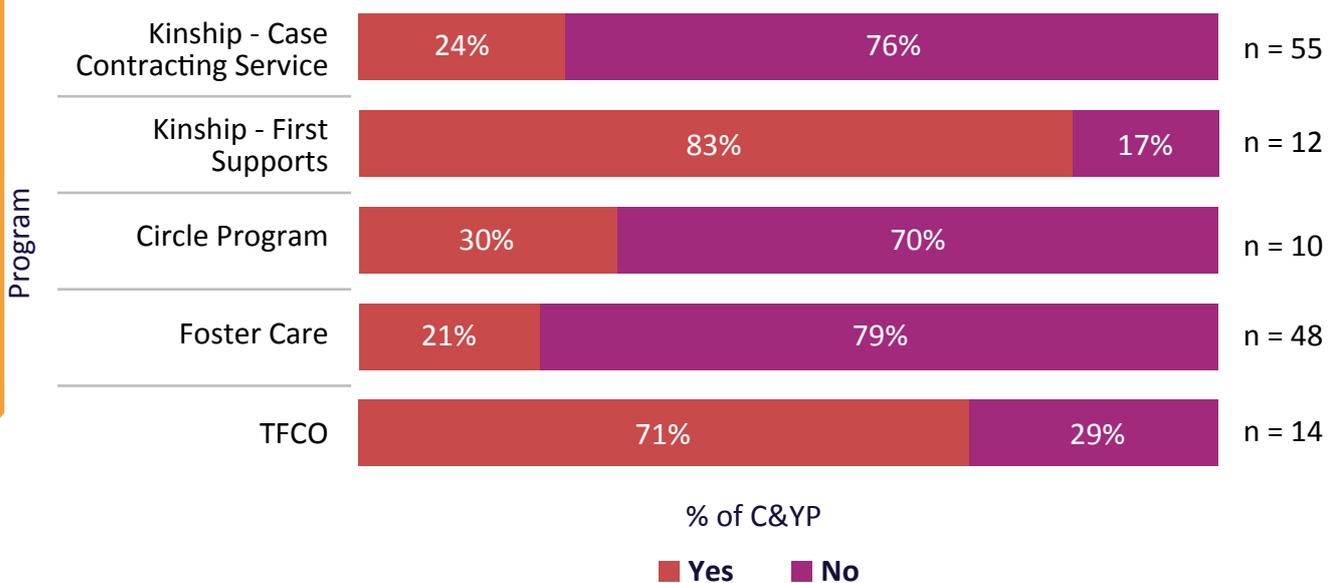


Figure 42 – C&YP who want to change something about contact with other *family* members by program, March 2021



Children and young people are supported to develop their identity, safely and appropriately, through contact with their culture and communities and have their life history recorded as they grow up

Figure 43 – C&YP who *feel* in touch with their culture and community by program, March 2021

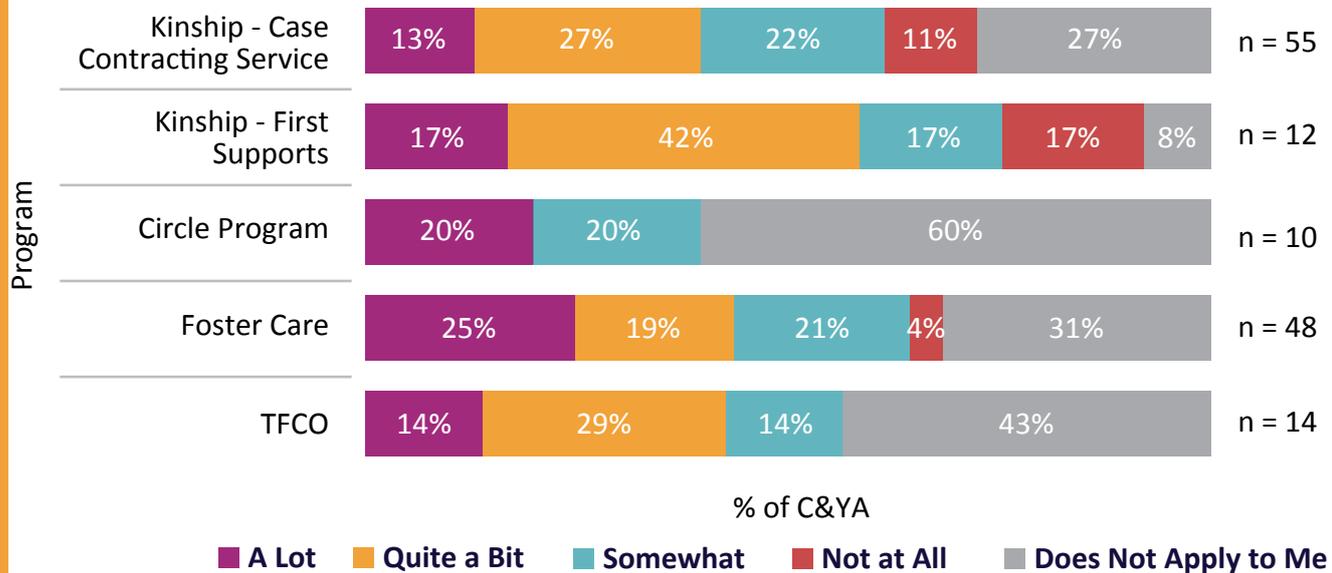
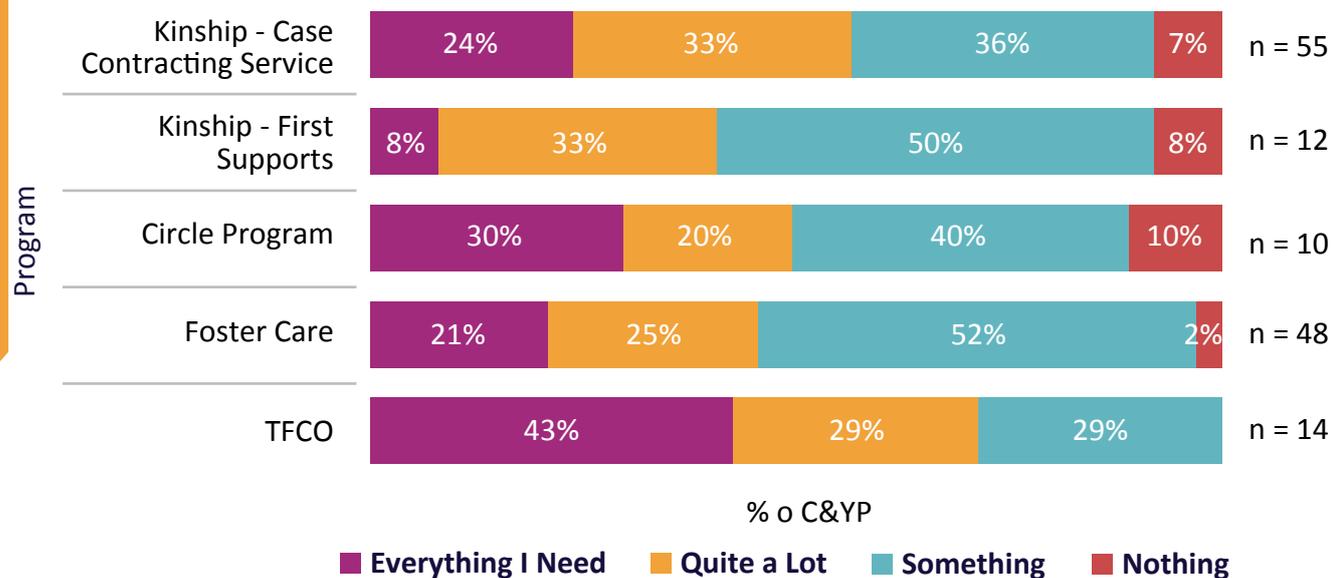


Figure 44 – C&YP who have *knowledge* of their family history, background and traditions by program, March 2021



Children and young people are supported in planning for leaving care

Figure 45 – Young people who *feel* they are involved in their Leaving Care Plan and Arrangements by program, March 2021

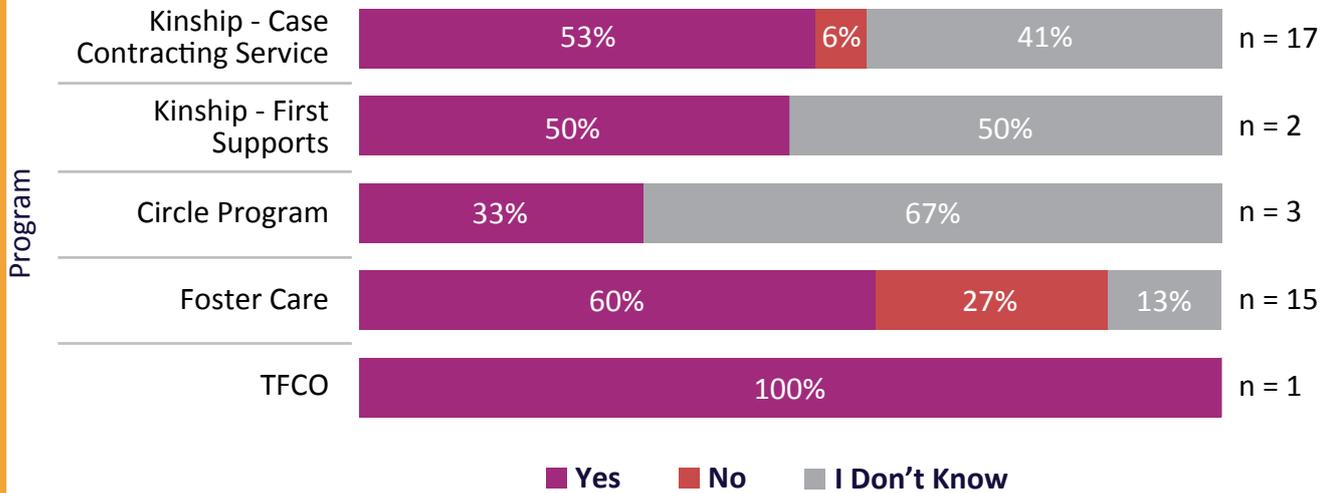
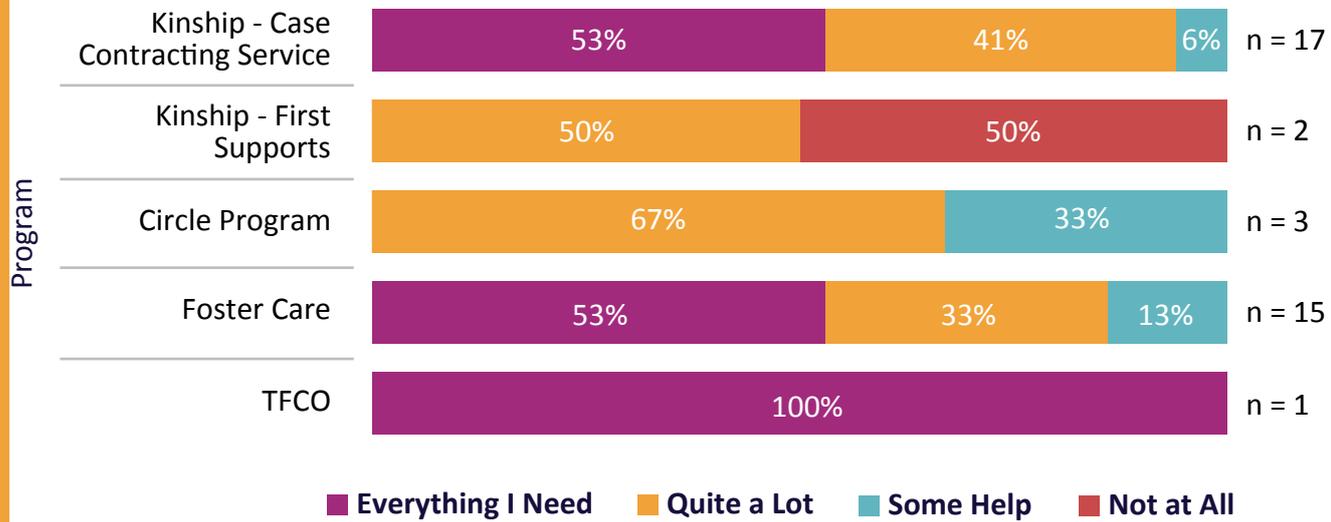


Figure 46 – Young people who are *satisfied* with their Leaving Care Plan and Arrangements by program, March 2021



Children and young people are supported in planning for leaving care

Figure 47 – Young people who *feel* they get enough help to make decisions about their future by program, March 2021



Children and young people participate in decisions impacting their lives

Figure 48 – Percentage of C&YP that feel they *participate* in decisions about setting goals by program, March 2021

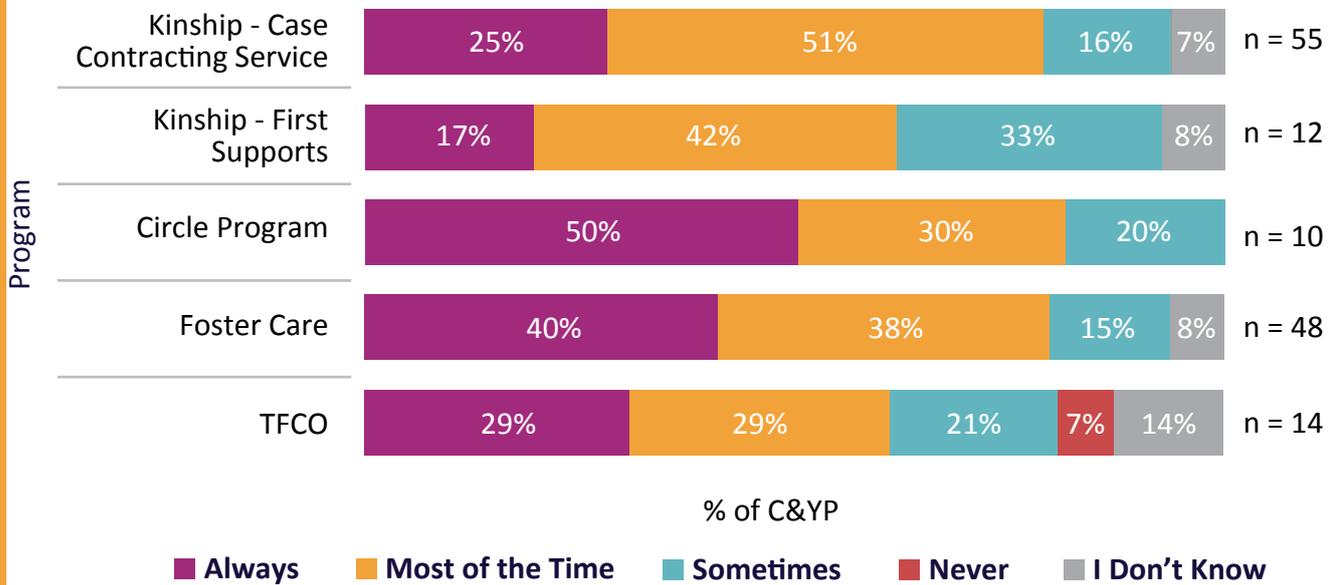


Figure 49 – Percentage of C&YP that feel they *participate* in decisions about where they live by program, March 2021

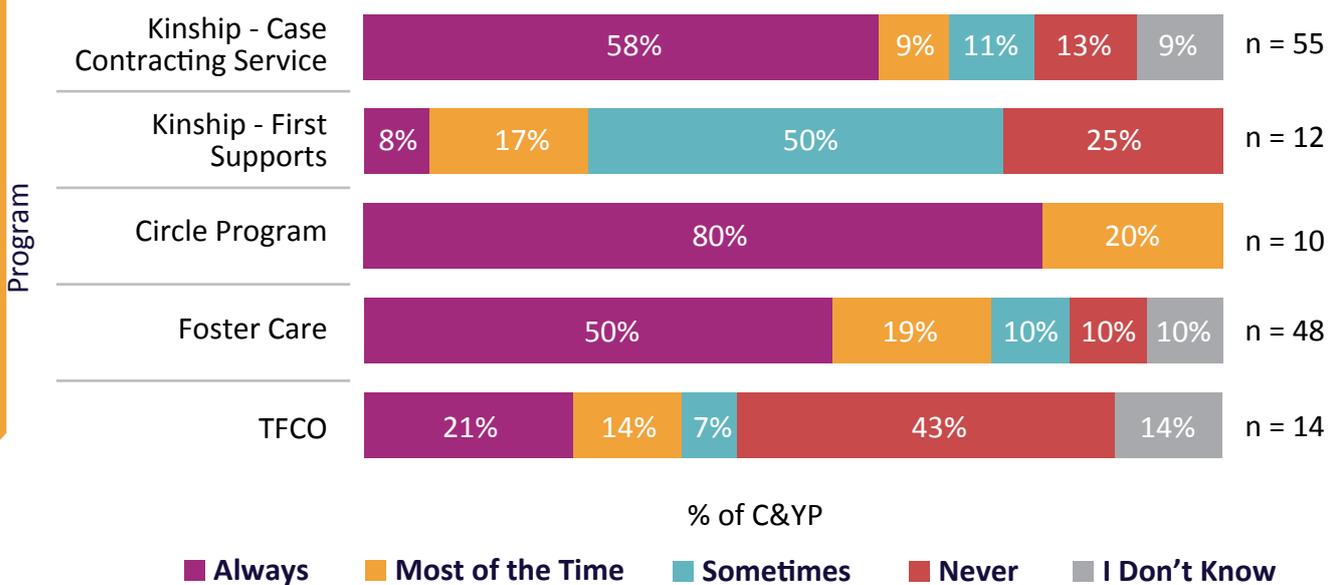


Figure 50 – Percentage of C&YP that *feel* they participate in decisions about their school and learning by program, March 2021

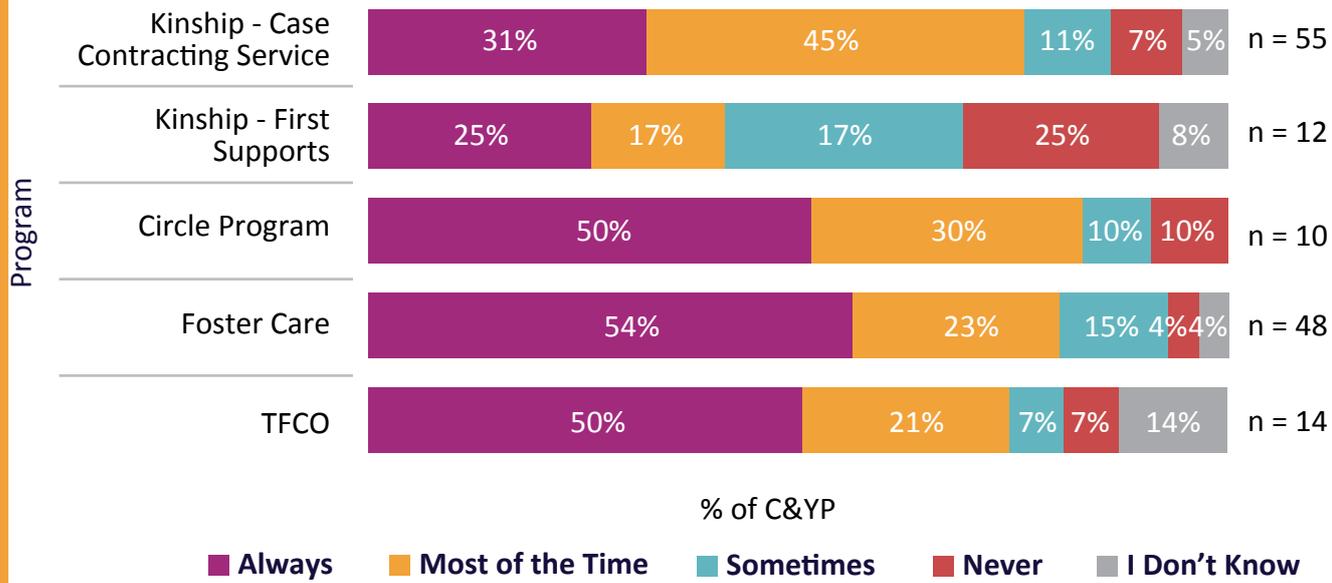
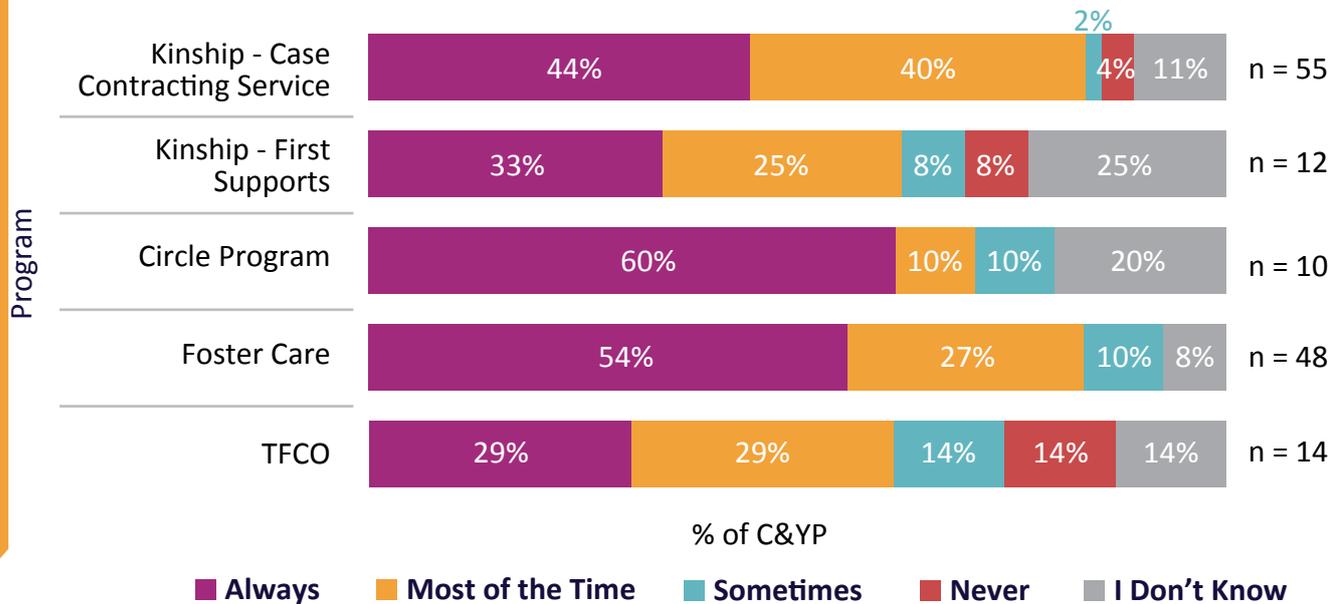


Figure 51 – Percentage of C&YP that *feel* they participate in decisions about their future by program, March 2021



Carers are assessed and receive relevant ongoing training, development and support, in order to provide quality care

Figure 52 – Percentage of carers that are *satisfied* with OzChild's overall support by program, March 2021

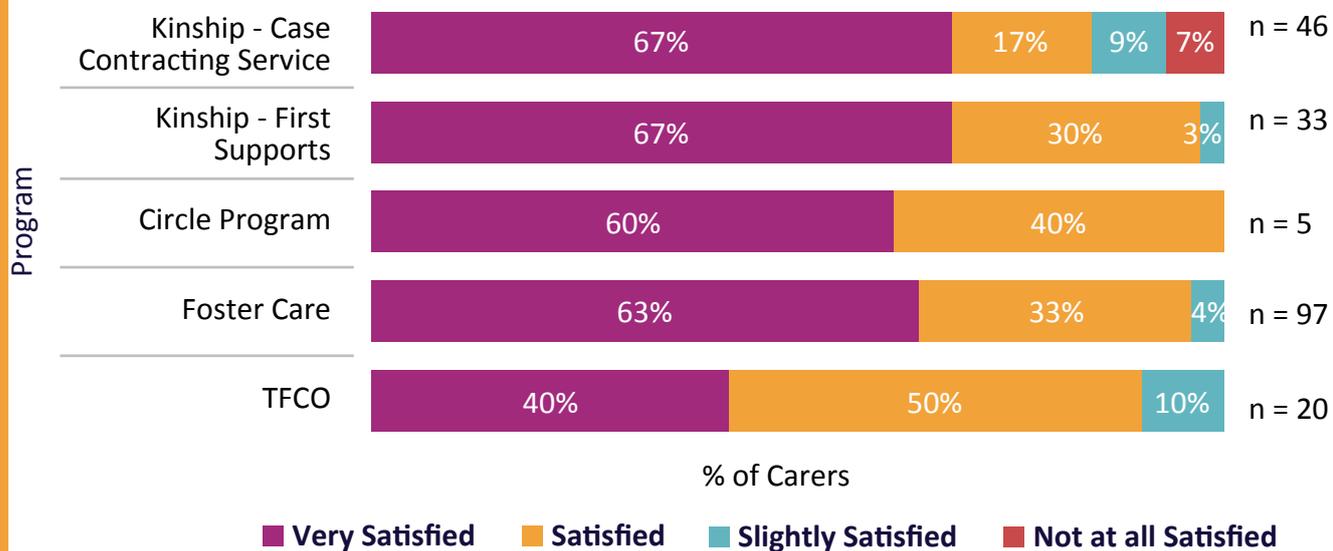


Figure 53 – Percentage of carers that are *satisfied* with OzChild's communication on C&YP in their care by program, March 2021

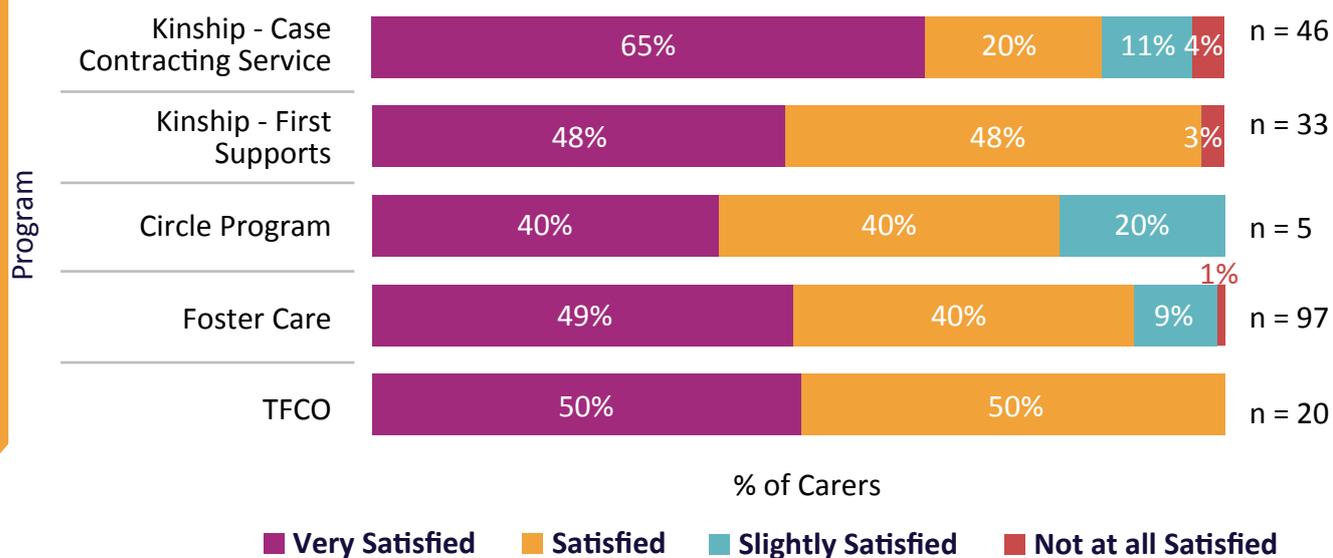
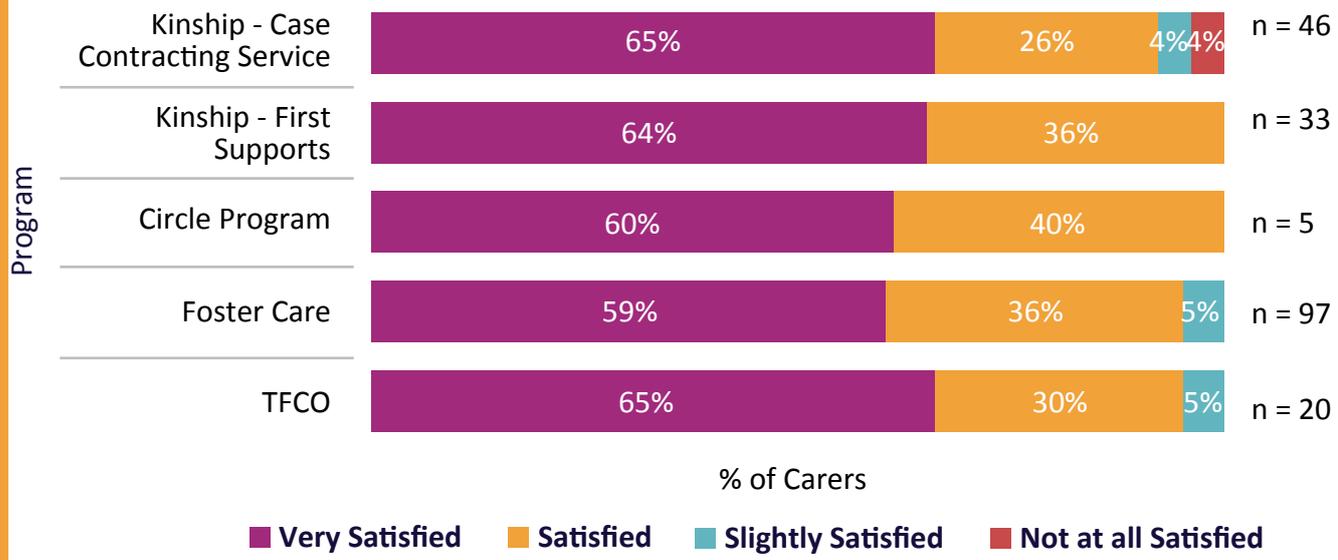


Figure 54 – Percentage of carers that are *satisfied* with their overall relationship with OzChild by program, March 2021



Acronyms

AIFS	Australian Institute of Family Studies
AIHW	Australian Institute of Health and Welfare
ATSICPP	Aboriginal and Torres Strait Islander Child Placement Principles
CSO	Community Service Organisation
DCJ	Department of Communities and Justice NSW
DET	Department of Education and Training VIC
DHHS	Department of Health and Human Services VIC
FaHCSIA	Department of Families, Housing, Community Services and Indigenous Affairs
IHC	In-Home Care
NCFAS	North Carolina Family Assessment Scale
NDIS	National Disability Insurance Scheme
NFIWG	National Framework Implementation Working Group
NSW	New South Wales
OOHC	Out-of-home care
PAT	Progressive Achievement Test
QLD	Queensland
SDQ	Strengths and Difficulties Questionnaire
SNAICC	Secretariat of National Aboriginal and Islander Child Care
TFCO	Treatment Foster Care Oregon
VIC	Victoria

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